

CfBT Summer Camp 2010

Registration Form



Please note: Registrations cannot be processed unless all fields are completed.

Participant(s) Details

Surname	:	_____	D.O.B	Age	Male	Female	Name of school
First Child	:	_____	__ / __ / __	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Second Child	:	_____	__ / __ / __	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Third Child	:	_____	__ / __ / __	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fourth Child	:	_____	__ / __ / __	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fifth Child	:	_____	__ / __ / __	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are you an employee of CfBT? Yes No

Are you a Royal Brunei Recreational Club (RBYC) member? Yes No

If not a RBRC member you will need to join. Temp Perm

Parent/Guardian Details

	<i>Mother</i>	<i>Father</i>
Name	: _____	: _____
Phone Nos.	: Office : _____	: Office : _____
	: Home : _____	: Home : _____
	: Mobile : _____	: Mobile : _____
Email address	: _____	: _____

Health and Safety Information

Are all of your children competent swimmers? Yes No

If no, please provide further details : _____

Do any of your children suffer from allergies/conditions/dietary requirements we should be aware of?

Yes No

If yes, please provide further details : _____

Risk Waiver

In the case of emergency, I authorise the programme staff, where it is impractical to communicate with me, to arrange for my child/ward to receive such medical treatment as may be deemed necessary.

I understand that the summer camp is a voluntary group of parents and helpers and that while they will attempt to minimise any risk or personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities and that the duty of care rests with me as the parent. Please note this year we can not accomodate amahs, all children must be able to attend independantly.

Full name of parent/guardian	Signature	Date
_____	_____	_____