



KIDS CAMP REGISTRATION FORM

Registered by:
Time:

Child's Name:	Age:	Child's Name:	Age:
D.O.B.	Room No.	D.O.B.	Room No.
Passport No.		Passport No.	
<input type="checkbox"/> Food Allergies <input type="checkbox"/> Medication Allergies <input type="checkbox"/> Visual / Auditory Problems <input type="checkbox"/> Respiratory Problems List:	<input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Taking Medication <input type="checkbox"/> Allergic to Bee Sting <input type="checkbox"/> Other (Please List)	<input type="checkbox"/> Food Allergies <input type="checkbox"/> Medication Allergies <input type="checkbox"/> Visual / Auditory Problems <input type="checkbox"/> Respiratory Problems List:	<input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Taking Medication <input type="checkbox"/> Allergic to Bee Sting <input type="checkbox"/> Other (Please List)
Swimming Ability: <input type="checkbox"/> Cannot Swim <input type="checkbox"/> Beginner <input type="checkbox"/> Comfortable <input type="checkbox"/> Skilled _____ is permitted to join water based activities		Swimming Ability: <input type="checkbox"/> Cannot Swim <input type="checkbox"/> Beginner <input type="checkbox"/> Comfortable <input type="checkbox"/> Skilled _____ is permitted to join water based activities	
Child's Name:	Age:	Child's Name:	Age:
D.O.B.	Room No.	D.O.B.	Room No.
Passport No.		Passport No.	
<input type="checkbox"/> Food Allergies <input type="checkbox"/> Medication Allergies <input type="checkbox"/> Visual / Auditory Problems <input type="checkbox"/> Respiratory Problems List:	<input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Taking Medication <input type="checkbox"/> Allergic to Bee Sting <input type="checkbox"/> Other (Please List)	<input type="checkbox"/> Food Allergies <input type="checkbox"/> Medication Allergies <input type="checkbox"/> Visual / Auditory Problems <input type="checkbox"/> Respiratory Problems List:	<input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Taking Medication <input type="checkbox"/> Allergic to Bee Sting <input type="checkbox"/> Other (Please List)
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Arrival Date: _____		Departure Date: _____	

PASSWORD: _____ (provided by Parent / Guardian for CHILDREN 0 - 10 YEARS OLD)
To ensure the safety of our younger guests, individuals who are authorized to sign In and Out child / children must present the correct password. Password should consist of eight characters in the form of digits, letters and or a combination of both.

Medical Notification Policy

For the safety of all guests, the Children Camps are **not allowed** to accept any child with a temperature 99 Degrees Fahrenheit, Vomiting or Diarrhea and or a contagious illness. Children with any sign of a runny nose, discharge from the eyes, ears, or unexplained skin rash will not be admitted in the camp. Children must be seen by the medical staff and provided a signed readmission slip before joining the program.

Children 0 - 7 years

Children in our care must be signed in and out of the program by parents / guardian or authorized individuals. Please circle YES if you wish to name additional signatories, initial and state their names.

YES / NO Initial

Children 8 - 10 years

Please circle YES if your wish to have your child sign themselves out of the scheduled activities.

YES / NO Initial

I (PRINT NAME) _____ have read and understand all of the above mentioned terms and conditions of the Youth Entertainment Department and by extension agree to comply with the policies and procedures outlined.

SIGNATURE: _____

DATE: _____