



JFK SWISS OUTDOOR CAMP REGISTRATION FORM 2019

PHOTO

Name of Child: _____
Family Name Given Names

Name Used: _____ Nationality: _____

Date of Birth: _____ Boy Girl
(Day / Month / Year)

First Language: _____ Second Language: _____

Other Languages: _____

Please tick below the desired period of the camp you wish to book for your child also indicating whether the applicant will be staying as day or boarding camper:

		Day Camper		Boarding Camper	
July 5 th – July 19 th 2019	2 weeks	3'700.-	<input type="checkbox"/>	5'300.-	<input type="checkbox"/>
July 12 th – July 26 th 2019	2 weeks	3'700.-	<input type="checkbox"/>	5'300.-	<input type="checkbox"/>
July 19 th – August 2 nd 2019	2 weeks	3'700.-	<input type="checkbox"/>	5'300.-	<input type="checkbox"/>
July 26 th – August 9 th 2019	2 weeks	3'700.-	<input type="checkbox"/>	5'300.-	<input type="checkbox"/>
August 2 nd – August 16 th	2 weeks	3'700.-	<input type="checkbox"/>	5'300.-	<input type="checkbox"/>
July 5th – July 26th 2019	3 weeks	4'900.-	<input type="checkbox"/>	7'400.-	<input type="checkbox"/>
July 12th – August 2nd 2019	3 weeks	4'900.-	<input type="checkbox"/>	7'400.-	<input type="checkbox"/>
July 19th – August 9th 2019	3 weeks	4'900.-	<input type="checkbox"/>	7'400.-	<input type="checkbox"/>
July 26th – August 16th 2019	3 weeks	4'900.-	<input type="checkbox"/>	7'400.-	<input type="checkbox"/>

All fees are in Swiss Francs - CHF

Airport Transfer: Yes No (CHF 360.00 per child per airport transfer, UM charges additional.)

Can your child swim: Yes No

Swimming level: Beginner Intermediate Good Advanced

MEDICAL INFORMATION:

Please give any medical information relative to your child's full participation in the camp programme:

Please indicate any Allergies and Sensitivities:

Dietary / Religious food restrictions:

Does your child require any regular medication or other special measures to be taken with regards to his/her health: Yes No

If yes, please give details below:

PARENT / GUARDIAN INFORMATION:

	<u>Contact details of Father / Guardian</u>	<u>Contact details of Mother / Guardian</u>
Name
Address
Home Tel.
Business Tel.
Cell Phone
E-mail
Occupation

With whom does the child live? (Parents, father, mother, guardian, etc.) _____

Who is responsible for paying the fees? _____

How did you find out about the JFK Swiss Outdoor Camp? _____

We hereby declare that we agree with the terms and conditions of enrolment at the JFK Swiss Outdoor Camp and that if the above-mentioned applicant is accepted, these terms will be honoured.

Date

Signature of Parent / Guardian