

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**