



## Natural Kids Summer Camps 2018

### REGISTRATION FORM (ages 4 - 9yrs)

- 1) Child's name: \_\_\_\_\_ 2) Gender (please circle): M / F
- 3) Date of birth (DD/MM/YY): \_\_\_\_\_ 4) Age (at the time of camp): \_\_\_\_\_
- 5) Address: \_\_\_\_\_
- 6) Parent/Guardian preferred email address: \_\_\_\_\_
- 7) Camp participation (please circle): Week 1 (Aug 6<sup>th</sup> – 10<sup>th</sup>), Week 2 (Aug 13<sup>th</sup> – 17<sup>th</sup>), or Both Weeks
- 8) Parent/Guardian contacts (please include one non-parent emergency contact):
- Parent/Guardian 1: Name \_\_\_\_\_ Contact numbers \_\_\_\_\_
- Parent/Guardian 2: Name \_\_\_\_\_ Contact numbers \_\_\_\_\_
- Emergency contact: Name \_\_\_\_\_ Contact numbers \_\_\_\_\_
- 9) Child's doctor: \_\_\_\_\_ Surgery contact number: \_\_\_\_\_
- 10) Does your child have any medical issues or allergies? (if so, please provide details)
- \_\_\_\_\_
- \_\_\_\_\_
- 11) How would you describe your child's eating habits?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 12) Does your child have any food allergies or sensitivities? (Please circle and provide details if Y): Y / N
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



### 13) Natural Kids summer camp liability waiver, photographic release and emergency treatment authorization:

#### Liability waiver:

The undersigned parent/guardian covenants and agrees to hold harmless and indemnify Natural Ltd, it's directors, employees and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Natural Kids Summer Camp.

Initials: \_\_\_\_\_

#### Photographic release:

I hereby acknowledge that my child may be photographed while participating in Natural Kids Summer Camp activities; I hereby unconditionally authorize Natural Ltd, at their sole discretion to use any such photographs on Facebook (without naming or tagging the child), on the Natural Ltd website, in brochures, flyers and any other advertising, promotional or educational materials.

Initials: \_\_\_\_\_

#### Emergency treatment authorization:

I/We the undersigned parent(s), or legal guardian of \_\_\_\_\_ (the child), a minor, hereby authorize Natural Ltd and its staff/agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of the hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment of care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgement, may deem advisable. It is understood that effort shall be made to contact the parent(s)/guardian(s) and the emergency contact listed above prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the child if the contacts above cannot be reached.

Initials: \_\_\_\_\_

X \_\_\_\_\_

Name of Parent or Guardian

Signature

Date (DD/MM/YY)

#### Payment details:

Cost is \$355 per child, per week, whether full or part-time. \$680 for two weeks or for two siblings in one week. This includes two snacks (morning and afternoon), all crafts and cooking ingredients, daily physical activity, worksheets and "Try it!" rewards. Places are secure once payments have been received. Payments are best made via online transfer (details below) but please contact Catherine if an alternative is easier for you.

Account name: Natural Ltd  
Bank: Clarien  
Account number: 4710912072

