



# Outlife Camp Registration Form

(Please complete one per child, per camp)

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Does your child have any allergies/Conditions including, but not limited to:

|  |  |
|--|--|
| <input type="checkbox"/> Nuts (please specify) >   |  |
| <input type="checkbox"/> Chocolate                 | <input type="checkbox"/> Red Dye                     |
| <input type="checkbox"/> Fruits (please specify) > |  |
| <input type="checkbox"/> Processed Foods           | <input type="checkbox"/> Milk                        |
| <input type="checkbox"/> Other: >                  |  |
| <input type="checkbox"/> Soy                       | <input type="checkbox"/> Bees or Wasps               |
| <input type="checkbox"/> Asthma, Epilepsy, Autism  | <input type="checkbox"/> Any other medical condition |
|  |  |

Please mention any behaviors of the kid that may need special care:

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|  |
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Note: Kids with any Medical Condition have to provide a doctor's certificate mentioning that the child can attend the summer camp.

Parent/Guardian Name: \_\_\_\_\_

Relationship with the ward: \_\_\_\_\_

Phone Office: \_\_\_\_\_ Mobile1 \_\_\_\_\_ Mobile2 \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please list name of people who have permission to pick up your child other than you:

\_\_\_\_\_

Emergency Contact and Family Doctor contact: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Parent / Guardian Signature: