



Outlife Camp Registration Form

(Please complete one per child, per camp)

Full 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 behaviours of the kid that may need special care:

Note: Kids with any Medical / Behavioural Condition must 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 Name & Number: _____

Family Doctor contact: _____

Medical Insurance Company: _____ Insurance Number: _____

Parent / Guardian Signature:

Date: