

SUMMER CAMP 2024



REGISTRATION FORM

1st Child's Full Name: _____ Age: _____ Dob: _____

2nd Child's Full Name: _____ Age: _____ Dob: _____

3rd Child's Full Name: _____ Age: _____ Dob: _____

Parent's Name: _____ Email Id: _____

Mobile: _____ WhatsApp _____

Week 1: 24 Jun - 27 Jun

Week 2: 1 Jul - 4 Jul

Week 3: 8 Jul - 11 Jul

Week 4: 15 Jul - 18 Jul

Week 5: 22 Jul - 25 July

Week 6: 29 Jul - 1 Aug

Week 7: 5 Aug - 8 Aug

Week 8: 12 Aug - 15 Aug

Week 9: 19 Aug - 22 Aug

Week 10: 26 Aug - 29 Aug

***Amount is not refundable & Transfer of a week to another month AED 100.**

Type of Food Preferred Veg. Non Veg.

SUMMER CAMP ACTIVITIES:

I acknowledge that the Body & Soul Summer Camp encompasses activities that either take place in water or in close proximity to aquatic environments.

I give / do not give my permission for my child to participate in all water activities included in the camp program. (Lifeguards and appropriate safety equipment will be provided).

No Swim <input type="checkbox"/>	Novice <input type="checkbox"/> Requires Flotation Aids	Light <input type="checkbox"/> Can swim unaided for 5m with attention	Moderate <input type="checkbox"/> Can swim unaided for 20m	Strong <input type="checkbox"/> Can comfortably swim unaided for 50m
---	---	---	--	--

USE OF PHOTOGRAPHS TAKEN DURING THE SUMMER CAMP

I, the undersigned parent/legal guardian, hereby grant permission for my child's picture to be used by Body & Soul Health Club for promotional and internal publications and/or video programs.

Permission:

Yes, I grant permission for my child's picture to be used.

No, I do not grant permission for my child's picture to be used.

Parent/Legal Guardian Name: _____ Date: _____

EMERGENCY TREATMENT AUTHORIZATION

I grant authorization to Body and Soul Health Club's staff and management to organize emergency treatment and transportation for my child/children listed in the provided contact information. In the event of my unavailability during an emergency, I authorize the registered doctor to administer necessary treatment to my child as named above.

IMPORTANT INFORMATION:

Does your child have a history of the following? Please indicate how the problems affect your child, the symptoms and what factors contribute to their onset.

Health Condition	Yes	No	Please Describe
Respiratory Problem			

Diabetes			
Hypoglycemia			
Dizziness			
Seizures			
Physical Problems			
Any other conditions or behavioral issues we should know about			

ALLERGY ALERT:

Allergies _____ Reaction: _____

Does your Child carry or require the use of an EpiPen for extreme allergic reaction (anaphylaxis) Yes No

Please Note: Body & soul Summer Camp staff cannot provide personal care or administer any medication. Response in the event of a medical emergency is to call the ambulance followed by call to parent or guardian. Information on this form may also be provided to EMS personnel in the event of an emergency.

Summer camp WILL NOT OPERATE on PUBLIC HOLIDAYS

Body & Soul Health Club shall not be held responsible for any loss of mobile phones, tablet pcs or any other personal belongings.

BODY & SOUL SUMMER CAMP PROGRAM 2024

I understand and acknowledge that there are inherent risks associated with participation in physical training, exercise, sports, adventure, or any activity program. I accept these risks, including the risk of personal injury, for my child's participation in the program and their use of the facilities.

It is the camp's policy to notify a parent when a child is ill or requires medical attention. However, in rare cases where immediate action is necessary and parents cannot be reached, I authorize program staff to take appropriate action on behalf of my child. I understand that this signed consent will be taken to the emergency center.

Furthermore, I acknowledge that program staff reserve the right to limit my child's access to the program or facilities in the event of any misuse or misconduct on their part. I agree to abide by the disciplinary code maintained by the Body & Soul Summer Camp.

Parent/Guardian Signature _____ Date _____

THE FOLLOWING DISCIPLINARY PROCEDURE IS APPLICABLE FOR ALL SUMMER CAMP PARTICIPANTS:

1st Incident: The child will be given a verbal warning and provided with an explanation as to why the behavior is considered inappropriate. Whenever feasible, this conversation will occur in a one-on-one setting away from other children.

2nd Incident: Staff will determine an appropriate consequence for the child's actions, which may include a "time out" or exclusion from participating in a specific activity. The child's parent will be promptly notified of their behavior.

3rd Incident: The parent will be kindly requested to promptly collect the child from the Summer Camp. In such cases, the child may be excused from the remaining camp sessions without refund. The Summer Camp Staff of Body & Soul retains the right to deny entry or participation to any child in the camp program following a first incident in cases of severe behavioral concerns.

I hereby agree that my child and I will adhere to the sports schedule provided by the academy. I commit to bringing only the permitted items to camp and pledge to consistently demonstrate respect towards counselors, coaches, and fellow attendees by refraining from the use of foul language, name-calling, bullying, or engaging in any form of violence, whether verbal or physical. Moreover, my child will diligently adhere to all safety regulations established by the camp staff.

Name of Parent/Guardian: _____ Signature _____ Date: _____



TRANSPORT REGISTRATION FROM

Parents Name:

Mobile: WhatsApp 

1st Child's Full Name:

2nd Child's Full Name:

3rd Child's Full Name:

Address:

.....

.....

LOCATION MAP – PLEASE DRAW: