



STORYTELLING SUMMER CAMP 2017

CHILD'S NAME: _____ SEX: M / F

DATE OF BIRTH: _____ TIME: AM / PM

WHERE DID YOU FIND OUT ABOUT THE SUMMER CAMP? _____

MOTHER / GUARDIAN NAME	FATHER / EMERGENCY CONTACT
NATIONALITY	NATIONALITY
OCCUPATION	OCCUPATION
MOBILE NO.	MOBILE NO.
HOME NO.	HOME NO.
EMAIL ADDRESS	EMAIL ADDRESS
HOME ADDRESS IN UAE (CITY, AREA/DISTRICT)	HOME ADDRESS IN UAE (CITY, AREA/DISTRICT)

Please tell us, in full, about any medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present, and any other pertinent information that might aid in the enhancement of your child's camp experience:

Please list all allergies, current medication(s), vitamins, inhalers, etc.



DISCLAIMER

- I agree that in the event of an injury, illness or emergency The Courtyard Playhouse has full authority to decide on the course of action, to call government services, or to procure any other assistance, at my responsibility as to costs and expenses.
- I have disclosed to The Courtyard Playhouse any medical conditions my child suffers from and any medicine or treatment that shall not be administered to my child. I undertake to have my child regularly medically examined and inform The Courtyard Playhouse of any changes to my child’s medical condition or changes in medicine or treatment that shall not be administered to my child.
- I indemnify The Courtyard Playhouse: (i) for any acts carried out in exercise of the authority granted herein; and (ii) against any claims for injuries, illnesses or emergencies experienced by my child.
- I hereby declare that the information provided in this form is correct and complete and has been offered freely. I authorize The Courtyard Playhouse to use and retain this information.

PHOTOGRAPHY PERMISSION:

I authorize The Courtyard Playhouse to use a photograph or other image of my child for public relations purposes connected to this summer camp programme and future programmes associated with The Courtyard Playhouse.

YES / NO

Parent / Guardian Name _____

Signature: _____

Date: _____

Parents’/Guardians’ Name:.....

Signature.....

Date.....