

Please attach photo of child here

Feel free to fill this form in online or Email this completed form + photo to holidaycamps@ymcacetown.org.za for more info call 021 447 6217

YMCA CAPE TOWN CAMP REGISTRATION FORM



PLEASE USE BLOCK LETTERS (Fill the required information in the designated block next to each question)

- I have completed the [online form](#) (Please mark with an X and proceed to [PARENT/GUARDIAN AUTHORIZATION](#) form)
- I have not completed the online form (Please mark with an X and proceed to complete this entire form)

Child's Information

Full Name:		Last Name:		Nickname:	
Date of Birth:		Age:		Gender:	
T-shirt size:		Contact details:			
Physical address:					

Child's Assessment

Does your child attend YMCA programmes?		If yes, which one(s)?	
Interest/Hobbies		Known Fears/Concerns	
Strengths		Childs Expectations	
Summary of child			
Did your child attend a YMCA CT Camp before?		If yes, please grade it on a scale from 1 to 10	
Please circle your child's swimming Ability	None	Beginner	Intermediate Advance

Parent/Guardian/Next of kin Information

Title: (Mr/Mrs)		Full Name:		ID/Passport no.	
Contact details:	(c)	(w)	(h)		
Email address:					
Physical Address				Area Code	
Postal Address				Area Code	

Additional Emergency Contact Information

Please note that in the event of an emergency, the parent/guardian will be contacted first. Therefore please provide DIFFERENT DETAILS from those above in the event that the parent/guardian is unavailable.

1) Full Name		Relation		Contact	
2) Full Name		Relation		Contact	

Health Form

Med Aid Name		Med Aid no		Main Mem.	
Doctors Name		Contact details			

Does your child wear spectacles or contact lenses	
If so how often? E.g. all the time or when reading	
Any specific activities restricted	

Please provide **any details of allergies and/or disabilities, special dietary preferences or medical conditions that YMCA Staff should be aware of:** (Please use separate piece of paper if needed and attach to registration form)

----- Cut here ----- **PARENT/GUARDIAN AUTHORIZATION FORM** (This section needs to be completed and handed into YMCA Cape Town) ----- Cut here -----

All the information herein is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except those specified.

I, _____ the parent/guardian of _____ (Camper's Name) give permission for;

- *My child to attend Camp
- *The administration of basic first aid and treatment by First Aid Staff
- *My child to be taken to hospital in an emergency
- *The administration of any medical treatment in the event that we cannot get hold of emergency contact stipulated
- *I will be held responsible for payment of any medical ascribed to the negligence of the person in charge
- In making this application, I hereby indemnify the YMCA Cape Town, its staff, the camp-site in the event of any injury, loss or death during the said camp/course.
- *The info you have supplied to us will be stored on our YMCA Cape Town database
- *The YMCA Cape Town may from time to time send you Newsletters; etc...
- *Your info will NOT be released to any other organisation / source
- *Photographs of my child(ren) may be taken and used by YMCA for Newsletters or promotional material

Parent/Guardian Signature _____ Date _____