



APPLICATION FOR REGISTRATION 2015

Please complete both sides of this form and submit one form per camper.



SECTION 1: CAMPER INFORMATION

Family Surname: _____ First Name: _____ T-Shirt Size _____

Date of Birth: (MM/DD/YY) _____ Age: (at start of camp) _____ Current Grade: _____

SECTION 2: Which CAMP are you registering for? Please circle the CAMP and WEEK/S.

Junior Camp (ages 4-6)	Week #1 (July 6-10)	\$750.00/camper
	Week #2 (July 13-17)	\$750.00/camper
	Week #3 (July 20-24)	\$750.00/camper

Senior Camp (ages 7-12)	Week #1 (July 6-10)	\$750.00/camper
	Week #2 (July 13-17)	\$750.00/camper
	Week #3 (July 20-24)	\$750.00/camper

SECTION 3: FAMILY INFORMATION

Parent Name(s): _____

Mailing Address: _____

E-mail Address (required): _____

Home Number(s): _____ Mobile Number(s): _____

Emergency Contact #1: _____ Mobile Number(s): _____

Emergency Contact #2: _____ Mobile Number(s): _____

Allergies / Medical Conditions? Please list:

SECTION 4: FEES

\$ _____ Cheque for full amount enclosed

Deposit: \$250/week (non-refundable) _____ Balance Due: \$ _____ payable on _____

Please make cheques payable to Maple Leaf International School.

Balances not paid by due date, may result in a loss of your space and all deposits are non-refundable.

SECTION 5: AUTHORIZATION AND RELEASE

The undersigned authorizes my/our child's participation in all activities and programs of the Maple Leaf International School Summer Camp as more particularly described in the current Camp brochure and hereby releases Maple Leaf International School, its governors, officers and employees and all other third parties working on its behalf of and from any and all claims or liability howsoever arising by reason of my/our child's participation in the Camp including any claims or liability relating to personal injuries or illness except any such claim or liability resulting from the willful neglect or default of Maple Leaf International School, its governors, officers or employees.

Should my/our child suffer injury or illness during the Camp, the undersigned hereby authorizes any representative of Maple Leaf International School and, in particular, the Camp director to authorize such medical attention for my/our child as may be deemed appropriate in the circumstances. The undersigned agrees to bear the cost of all medical care and procedures required by my/our child.

The undersigned hereby releases and discharges Maple Leaf International School, its governors, officers and employees and other third parties working on its behalf from any claim or liability arising out of any medical treatment my/our child may require.

The undersigned gives permission for my/our child to participate in any field trips organized by the Camp. It is recognized that during the Camp, Camp staff may take photographs of campers participating in various Camp activities for use in a variety of circumstances to publicize and promote the Camp, including advertising, internal publication, the Web site, social media and slide shows. The undersigned hereby waives any right in respect of any photograph of my/our child to inspect or approve the finished photograph or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied, provided that my/our child's name will not be used or included in or with such photographs, advertising copy or printed matter. The undersigned hereby releases and discharges Maple Leaf International School, its governors, officers, and employees and other third parties working on its behalf from and against any claims or liability arising as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form that may occur or be proceed in the taking, processing or reproduction of the finished product or its publication or distribution.

Camper's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Please return completed form including payment or deposit to
Maple Leaf International School, Alyce Heights Drive, Alyce Glen, Petit Valley, Trinidad, W.I.