



Shoe Size: _____ T-Shirt Size: _____

BAHAMAS NATIONAL TRUST SUMMER CAMP REGISTRATION AND WAIVER FORM June 26 – June 30, 2017 Freeport, Grand Bahama All questions should be directed to Cheri Wood at 375-2901, 352-5438 or cwood@bnt.bs

PARTICIPANT INFORMATION

Name: (Print)	Age
Date of Birth:	
Address:	
Allergies? If yes please specify	
Medical condition or medication? If yes, please specify	
Insurance Company:	Policy Number:
Primary Policy Holder:	

GUARDIAN AND EMERGENCY INFORMATION

Parent/Guardian(Print):	Relationship (to participate):
Telephone: (H) _____ (W) _____ (C) _____	
Email:	
Emergency Contact (Person other than Guardian):	Telephone:

AUTHORIZATIONS

Permission to participate in water activities <input type="checkbox"/> Permission granted <input type="checkbox"/> Permission Denied
Permission to be transported by private bus to and from activities/events during the summer camp <input type="checkbox"/> Permission granted <input type="checkbox"/> Permission Denied
Permission to participate in culminating overnight outdoor camping activities (if Applicable) <input type="checkbox"/> Permission granted <input type="checkbox"/> Permission Denied

CONSENT/STATEMENT OF UNDERSTANDING:

<p>I the undersigned, as parent/guardian, consent for _____ to participate in the summer camp activities of Bahamas National Trust (BNT) for the period June 26- June 30, 2017. I will not hold BNT, its officers, agents, employees or anyone acting on its behalf, responsible or liable for injury occurring to the named child in the course of camp activities or such travel. I also authorize BNT to transport or to obtain medical care that may become necessary for the named child in the course of camp activities.</p> <p>Parent/Guardian's Signature: _____ Date: _____</p>
