



CODE:

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**BAHAMAS NATIONAL TRUST
SUMMER ECO-CAMP REGISTRATION AND WAIVER FORM
JULY 7-13, 2018**

PARTICIPANT INFORMATION

Name: (Print)	Age:
Date of Birth:	Sex:
Address:	
Swimming ability:	
T-shirt sizes	Shoe size:
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 participant):
Telephone: (H) _____ (W) _____ (C) _____	
Email:	
Emergency Contact (Person other than Guardian):	Telephone

CONSENT/STATEMENT OF UNDERSTANDING:

I the undersigned, as parent/guardian, consent for _____ to participate in the Bahamas eco-camp activities of Bahamas National Trust (BNT) for the period one week. 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.

Parent/Guardian's Signature: _____ Date: _____

OFFICIAL USE: