



ISLAND: CROSSING ROCKS,  
ABACO

COST: \$30.00

**BAHAMAS NATIONAL TRUST  
SUMMER CAMP REGISTRATION & WAIVER FORM  
JUNE 24<sup>TH</sup> – 28<sup>TH</sup> 2019**

Please note that spaces are reserved on a first paid basis. For further information, we may be contacted at 393-1317.

**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 participant:
Telephone: _____ (H) _____ (W) _____ (C)	
Email:	
Emergency Contact (Other than Guardian):	Telephone:

**CONSENT/STATEMENT OF UNDERSTANDING**

Please note that as a participant of the Bahamas National Trust's (BNT) Summer Camp your child will participate in water activities, be transported via private bus to and from activities and events during the camp.

I the undersigned, as a parent/guardian, consent for \_\_\_\_\_ to participate in the summer camp activities of the Bahamas National Trust (BNT) for the period \_\_\_\_\_. 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:
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