

International School of Turks and Caicos Islands

All sports camp form

This forms need to be submitted before Wednesday 19th with full payment (150\$) to your teacher or to Mr. Victor. Please be advised that if the minimum amount of kids is not reached the camp could be canceled. I will confirm on Friday 21st.

Student

First _____ Middle _____ Last _____ Gender: Male _ Female_
Current Grade _____ Birth date ____/____/____ Age _____

Parent/Guardian - Contact Information

Parent/Guardian

First _____ Last _____ Ms. Mrs. Mr. Other _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____

Transportation Release

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Emergency Contact Information - Alternate Pickup/Release (If Parent/Guardian listed above unavailable)

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the International School of turks and Caicos will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please list any medical concerns, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Are there any food, medication or environmental allergies that we need to be aware of?

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes_ No_ If yes, explain: _____

Name and telephone number of child's doctor _____

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Photo Release - I hereby give permission for my child to be photographed during the **2016 all sport camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the International School sports camp.

Parent's/Guardian's Initials _____

The International School of Turks and Caicos and the teacher are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____