



## YOUNG LIFE ENGLISH DAY CAMP APPLICATION FORM 2017

### **Section 1: Applicant's Details**

Name:	
Age:	
Gender:	
Date of birth:	
School's name:	
Education level (Form 3/4/5):	
Phone number:	
E-mail address:	

### **Section 2: Applicant's emergency contact details**

Guardian's name:	
Guardian's phone number:	
Relationship to guardian:	
Address:	

### **Section 3: Medical Information**

PLEASE PROVIDE DETAILS OF ANY MEDICAL CONDITIONS THE APPLICANT MAY HAVE:

- Asthma
- Allergies
- Diabetes
- Others: \_\_\_\_\_

IS THE APPLICANT TAKING ANY MEDICATION?

- YES     NO

If you ticked any of the boxes regarding medical conditions above, please provide specific details here:

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### **Section 4: Dietary requirements**

- None     Vegetarian     Halal     Other (please specify): \_\_\_\_\_

**\*\*IS THERE ANY OTHER INFORMATION OUR ORGANIZERS NEED TO KNOW ABOUT THE APPLICANT TO ENSURE THEIR SAFETY AND HAPPINESS DURING THE CAMP?**

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**Section 5: Declaration by Parent/Guardian of Applicant**

- I, the undersigned, am the parent or guardian of the applicant and, having checked the accuracy of all information provided, approve of this application. In doing so I agree that Young Life English Day Camp, its organizers, shall be free of all responsibility whatsoever with respect to any accident or illness during the applicant's participation in any camp activities.
- I declare that the applicant has been in good health and agree to advise the Young Life English Day Camp organizers immediately in the event of the applicant contracting an ailment that could be detrimental to the health of other participants.
- I understand and agree that should Young Life English Day Camp organizers deem it necessary, for any reason, to return the applicant home at any time during the program, I will accept this and make any necessary arrangements.

**MEDICATION**

**OKAY TO ADMINISTER?**

<i>Ibu profen</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Paracetamol</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Aspirin</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Antiseptic Lotion</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Pain relief Spray</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Medicated oil/ balm</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PAYMENT:**

I enclose my money order for RM\_\_\_\_\_ (please insert amount paid) payable to Young Life English Day Camp, and a completed and signed Declaration by Parent/Guardian.

\_\_\_\_\_  
 (Signature of guardian/parent)

Full name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

**\*\* Registration fee for the English Day Camp as per stated below:**

<b><u>MUSLIM</u></b>	<b><u>NON-MUSLIM</u></b>
<b>RM 25- WITHOUT LUNCH</b>	<b>RM 35- WITH LUNCH</b>
<b>RM 35- PACKED FOOD</b>	

**Remark: In respect to the Holy month of Ramadan, the management offers 2 options for the Muslim students.**



**ACCEPTANCE OF TERMS AND CONDITIONS**

In consideration of accepting this entry and allowing me to participate in this camp. I, the undersigned hereby voluntarily agree with the camp organizer that:

1. I have sought consent from my guardian/parent in participating in this camp.
2. I declare that I am physically and medically fit to participate in this camp. I also confirm that I have no physical or medical condition, which in my knowledge would endanger others or myself while participating in this camp.
3. I agree to the free use of my name, photographs, likeness and/or voice to appear in any documentary, promotional (including advertisements) materials, television, radio or film coverage of the camp without compensation or further notice, and I agree to assign all copyright to other interests therein to the camp.
4. Being fully aware of the risks, conditions and hazards associated with this camp, I HEREBY ACKNOWLEDGE AND DISCHARGE the camp organizers, employees or volunteers involved in the camp from any liability for accident, injury or damage to me or the person under my care or property howsoever caused arising out of or in connection with the camp.

I have read and understood the terms and conditions.

T-shirt size:     S     M     L     XL

Signed by,

\_\_\_\_\_

Name of participant:

Date:

Organizers contact details:

Ming Horng (013-8812832)  
 Liya (019-8118343)  
 Myra (010-9319505)  
 Vivien (012-8179399)  
 Erica (013-8839117)

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<b>For office use:</b>		
Date: _____	Received by: _____	Amount: RM _____
Registration Number:	_____	
Name:	_____	
Group Number:	_____	