



## 2018 Summer Camp Registration Form

Child's Name(s) \_\_\_\_\_ Date(s) of Birth \_\_\_\_\_

Child's School: \_\_\_\_\_ Allergies /Things to note: \_\_\_\_\_

Child's Rash Guard Size (please circle): Youth Size: 6 8 10 12 / Adult Small

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternative/Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

(please include contact details for anyone who will be picking up your child from camp)

Aqua Rangers Camp will run with a minimum of 4 children and maximum of 15 children per week. Registrations will be processed on a first-come, first-served basis. Please indicate below which week your child(ren) would like to attend; we will contact you if we are unable to accommodate your initial request.

- |                           |                          |                                  |                          |
|---------------------------|--------------------------|----------------------------------|--------------------------|
| Mon July 2 - Fri July 6   | <input type="checkbox"/> | Mon July 30 – Friday August 3    | <input type="checkbox"/> |
| Mon July 9 - Fri July 13  | <input type="checkbox"/> | Mon August 6 – Friday August 10  | <input type="checkbox"/> |
| Mon July 16 - Fri July 20 | <input type="checkbox"/> | Mon August 13 - Friday August 17 | <input type="checkbox"/> |
| Mon July 23 - Fri July 27 | <input type="checkbox"/> |                                  |                          |

### Payment Details (C/\$275 per child)

Payment details must be provided and will be charged upon booking.

Credit/Debit # \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV Code: \_\_\_\_\_ Name on card: \_\_\_\_\_

As parent or legal guardian, I hereby give permission for my child(ren) to participate in the 2018 Red Sail Aqua Rangers Summer Camp conducted by the Red Sail Sports, Grand Cayman. By signing below, I understand that I, and the child(ren) in my care, are participating in a program, which includes certain risks in water & outdoor activities. I, and the child(ren) in my care, are voluntarily participating in this program and hold harmless Red Sail Sports Grand Cayman from all responsibilities of personal injury. I hereby waive any and all claims against Red Sail Sports Grand Cayman and its directors, members, employees, and volunteers for any damages, injuries, loss or liability, which may occur, during my child(ren) participation in this program. The person herein described has permission to engage in all prescribed activities except as noted. Camp activities may be documented with video and still photos and images of my child(ren) may be used in future public relations and advertising. I give Red Sail Sports Grand Cayman permission to use those images and video for the purposes of advertising and public relations only.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED FORMS TO [kidscamp@redsailcayman.com](mailto:kidscamp@redsailcayman.com) OR FAX 345-945-5808. ALTERNATIVELY RETURN COMPLETED FORMS TO RED SAIL SPORTS HEAD OFFICE, COCONUT PLACE, 38 EARTH CLOSE. MON-FRI 8AM – 5.30PM.