



MINISTRY OF YOUTH DEVELOPMENT AND SPORTS

INFORMATION

Parents/Guardians are required to sign consent forms and pay a **registration fee of \$20 dollars** prior to each participants' acceptance on the programme.

Summer Camp for students between the ages of 9 – 12 years at the following Camp Centers from July 29 – August 09, 2013. The camp begins from 9:00pm – 2:30pm. Please indicate Camp Center with an

CASTRIES EAST VIEUX-FORT DENNERY

CHOISEUL BABONNEAU ANSE LA RAYE

MABOUYA VALLEY BELLE VUE

SOUFRIERE ODSAN LABORIE

CICERON GROS ISLET

CHILD'S NAME:

D.O.B.: _____ AGE: _____

SEX: _____

Male/Female

SCHOOL:

ADDRESS:

PARENT / GUARDIAN:

PHONE: (H) _____ (W) _____ (M)

ALTERNATIVE CONTACT (NOT PARENTS): _____

NUMBER:

_____ R'SHIP: _____



Ministry of Youth Development and Sports

3rd & 4th Floors, Blue Coral Mall

Cnr. William Peter Boulevard & Bridge St., CASTRIES

Tel: 468 5410 Fax: 453 6672

Ministry of Education and Labour

3rd & 4th Floor, Sir Francis Compton Building

Waterfront, CASTRIES

Tel: 468 3967 Fax:

Parent/Guardian Declaration: In signing this form, I understand that:

My child is permitted to participate in this Summer Program under the supervision of the Camp Administrators and the staff of the Ministries of Youth Development & Sports, Education & Labour and NICE. My child takes responsibility for all personal property.

PLEASE PRINT NAME (IN FULL)

SIGNATURE

DATE

A Snack will provided daily

Please *tick box* if you **do not permit** your child's photo to be taken at this program for promotions including our website and future ventures:

Are there **any medical conditions, medication**, or recent injuries of which we should be aware?

YES / NO

If **yes**, please advise for your child
