

EBIIL SUMMER CAMP

APPLICATION FORM

 THIS FORM WILL GIVE YOUR CHILD PERMISSION TO PARTICIPATE IN THE EBIIL SOCIETY SUMMER CAMPS PROGRAM. **CAMP FEE $25.00 PER CHILD**.

\*PLEASE CHECK MARK ONE:

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECK MARK** | **CAMPSITE** | **PARTICIPANT** |  **CHECK-IN DATE** |
|  | EBIIL TRAINING CENTER | COUNSELOR |  |
|  | OLLEI, NGARCHELONG | CAMPER |  |
|  | OLLEI, NGARCHELONG | CAMPER |  |

**CONSENT:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name), am the \_\_\_(mother)\_\_\_\_(father)\_\_\_\_(legal guardian of the child(ren) listed below and do hereby give my consent for him/her or them to participate in the EBIIL Summer Camp Program, and agree here that neither I, nor anyone acting on my behalf, will make claim or file a lawsuit of any kind against Ebiil Society Inc. I will participate on the last day (Desiil) of camp (Campers Presentation/Awarding/ Parents’ Day) and transport my child/ Children back home at the end of the day.**

|  |  |
| --- | --- |
| **CHILD NAME(S)** | **AGE** |
|  |  |
|  |  |
|  |  |

**PARENTS &/OR GUARDIAN GIVIGN CONSENT: IN CASE OF EMERGENCY (CONTACT INFO):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME/SIGNATURE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (HAMLET, STATE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PH #’S**

**NO. \_\_\_\_\_\_\_ of family members to attend the Desiil (Campers/ Parents Day) from 8am to 2pm.**

**Children NEED to have this form (filled and signed by parents/ guardians). Please make sure this form is filled and turned in on the day or before the day camp starts.**

**Thank YOU!**

EBIIL SOCIETY CAMP

INFORMATION

NAME OF CHILD/CHILDREN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Things to know about your child (please answer truthfully and list those that apply)***

1. Allergies (medicine, food, drinks, tree,others)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Know how to swim \_\_\_\_\_\_\_\_\_\_
3. Illnesses(note if under medication) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is he/she afraid of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please understand that we need this information for your child as we will be doing inside and outdoor activities what will involve hiking in forest, fishing/snorkeling in the ocean, taro patch and mangrove including one-night camping at Ngarkeklau Island.