



**MINISTRY OF YOUTH, SPORTS AND
CULTURE**

Annual Summer Programme

**REGISTRATION FORM
FOR CAMPERs**

AGES: 5 TO 15
9:30 a.m. - 3:00 p.m.
Monday - Friday

**ATTACH
PASSPORT
PHOTO
HERE**

INSTRUCTIONS:

Please complete **in full** and submit this form to The Ministry of Youth Sports and Culture, Thompson Boulevard, not later than 13th June, 2011.

(PLEASE PRINT)

SECTION I		PERSONAL DATA:	
NAME OF CAMPER			
NAME:			
FIRST	MIDDLE	LAST	
SEX: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DATE OF BIRTH:	
DAY /MONTH /YEAR			
ADDRESS:			
STREET NAME:		SUBDIVISION:	P.O. BOX:
HOUSE NUMBER		CONTACT IN AN EMERGENCY:	
NAME OF PARENT/GUARDIAN:			
PARENT/GUARDIAN'S TELEPHONE CONTACT: (H)		(W)	(C)

SECTION II

PLEASE CHOOSE ONE CAMP **ONLY** FROM THE FOLLOWING CAMPS AND THREE AREAS OF INTEREST.

(i.e. **YOUTH CAMP:** sewing computer handicraft)

<input type="checkbox"/> YOUTH CAMP			
BARBERING <input type="checkbox"/>	COMPUTER <input type="checkbox"/>	HANDICRAFT <input type="checkbox"/>	
FOREIGN LANGUAGE CAMP <input type="checkbox"/>	COSMETOLOGY <input type="checkbox"/>	COOKING <input type="checkbox"/>	
NOVELTY CRAFT (FROM RECYCLING) <input type="checkbox"/>	CARPENTRY WORKSHOP <input type="checkbox"/>	SEWING <input type="checkbox"/>	

<input type="checkbox"/> SPORTS CAMP			
BASKETBALL <input type="checkbox"/>	GOLF <input type="checkbox"/>	SOFTBALL <input type="checkbox"/>	LITTLE LEAGUE PONY/BASEBALL <input type="checkbox"/>
SAILING <input type="checkbox"/>	SWIMMING <input type="checkbox"/>	CRICKET <input type="checkbox"/>	LAWN TENNIS <input type="checkbox"/>
BOXING <input type="checkbox"/>	TRACK & FIELD <input type="checkbox"/>	SOCCER <input type="checkbox"/>	CYCLING <input type="checkbox"/>
VOLLEY BALL <input type="checkbox"/>	JUNIOR SPORTS (AGES 5-7 ONLY) <input type="checkbox"/>		

<input type="checkbox"/> CULTURE CAMP			
DRUMMING <input type="checkbox"/>	JUNKANOO <input type="checkbox"/>	MUSIC <input type="checkbox"/>	DANCE <input type="checkbox"/>

SECTION III

ARE YOU A MEMBER OF AN ORGANIZATION? YES: _____ NO: _____

IF YES, NAME THE ORGANIZATION:

DO YOU HOLD A POSITION IN THE ORGANIZATION AND IF SO PLEASE INDICATE;

HAVE YOU EVER ATTENDED A MINISTRY OF YOUTH, SPORTS & CULTURE SUMMER CAMP:
YES: _____ NO: _____

IF YES, NAME OF CAMP AND YEARS ATTENDED:

SECTION IV

MEDICAL HISTORY

NAME OF PHYSICIAN:

TELEPHONE CONTACT:

DO YOU HAVE ANY KNOWN ALLERGIES:

ARE YOU TAKING ANY MEDICATION: YES: _____ NO: _____

PLEASE INDICATE NAME:

DO YOU HAVE ANY DISABILITY THAT MAY LIMIT YOUR PARTICIPATION IN THIS CAMP:

SECTION V

DISCLAIMER

I HEREBY GIVE FULL APPROVAL FOR MY SON/DAUGHTER TO PARTICIPATE IN ALL ACTIVITIES OF THE MINISTRY OF YOUTH, SPORTS AND CULTURE SUMMER PROGRAMME AND IN SO DO DOING EXEMPT THE BAHAMAS GOVERNMENT, THE MINISTRY OF YOUTH, SPORTS AND CULTURE AND ALL OF ITS AGENTS OR ASSIGNS FROM ANY ACTION OR FUTURE CLAIMS.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN
(PLEASE PRINT NAME)

DATE: