



# Summer Camp Registration form

Information and Consent

NAME OF STUDENT	<input type="text"/>		
SURNAME	<input type="text"/>	D.O.B	<input type="text"/>
ADDRESS	<input type="text"/>		
City	<input type="text"/>	POSTCODE	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>

## MEDICAL INFORMATION

Yes No

- |   |                       |                       |
|---|-----------------------|-----------------------|
| 1. does you child have asthma?                                | <input type="radio"/> | <input type="radio"/> |
| 2. does your child have any allergies?                        | <input type="radio"/> | <input type="radio"/> |
| 3. is your child take medicines regularly?                    | <input type="radio"/> | <input type="radio"/> |
| 4. any issues with bedwetting?                                | <input type="radio"/> | <input type="radio"/> |
| 5. other issue or dietary requirements? if yes please specify | <input type="radio"/> | <input type="radio"/> |

**Please detail any further information if you have selected yes for any of the above answers.**



**ALLERGIES**

**Yes No**

1. Allergies to medicines?

2. Allergies to food or religious observations

3. Allergies to insect bites?

**Please detail any further information if you have selected yes for any of the above answers.**

[Empty text box for providing further information]

**Parents'/ guardians authorisation**

I give permission and authorise my child

[Empty text box for signature]

from the above address and passport number to take part in the trip programmed by Ole Spanish for Everyone/ Aventurocio.

**Consent**

**I give consent for my child to take part in the activities available, to receive emergency treatment if needed. I understand that Ole Spanish for Everyone/Aventurocio and their employees are not under any liability whatsoever in respect of loss or damage to items and personal effects whilst on the course and. I have read and understand all the information, terms and conditions and agree to them by signing below.**

Parent/ guardian name .....

Parent/ guardian signature ..... Date .....

Photography and or video will be taken of the children and used for educational/marketing purposes, if you would like to opt out, please do so in writing.

