



Date: _____

Summer Camp Registration

Oak Meadow International School

2023 Summer camp

Student's Name _____

Birth Date _____

Age _____

Gender Male Female

Are you currently studying in Oak Meadow? Yes No

Address _____

Parent/Guardian Information

Name _____

Cell Number _____

E-mail _____

Emergency Information

Emergency Contact's Name Relationship _____

Phone Number _____

Alt. Phone Number _____

Does the student have any allergies, chronic illness, or medical conditions? If yes, please describe.

Is the student prescribed an inhaler? If yes, please explain any instructions.

Please choose how many weeks of summer camp you would like to book for your child. There is limited availability for each group. The booking after camp started is forbidden. So please choose carefully now, you may NOT extend the camp weeks after camp starts.

- Week 1(3/07-7/07)
- Week 2(10/07-14/07)
- Week 3(17/07-21/07)
- Week 4(24/07-28/07)

Please attach your payment slip here to confirm your booking. Only paid booking will be accepted and confirmed. Refund Policy: A full refund is offered if cancellation is made 30 days before the camp start date.

CAMP PRICE					
Oak Meadow Student			Non Oak Meadow Student		
Age	weekly	Full camp	Age	weekly	Full camp
3-5	8,000	31,000	3-5	10,000	38,000
6-9	9,000	35,000	6-9	12,000	46,000
9-14	9,000	35,000	9-14	12,000	46,000

Informed Consent and Acknowledgement

I hereby give my approval for my child’s participation in any and all activities prepared by {Oak Meadow} during the selected camp. In exchange for the acceptance of said child’s candidacy by {Oak Meadow} ., I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless {Oak Meadow} . and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against {Oak Meadow} . including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Medical Release and Authorization

As Parent and/or Guardian of the named student, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named student . In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the {oak meadow} . and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Confirmation

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.

Date_____

Signature_____