

# The Aslan Camp 2022



## APPLICATION ASLAN CAMP (15 to 27 August 2022)

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone:

(h) \_\_\_\_\_

(w) \_\_\_\_\_

(Cell) \_\_\_\_\_

Names of 2 or 3 friends you would  
like to be in your group:  
\_\_\_\_\_  
\_\_\_\_\_

Please also complete the  
**DECLARATION FORM** on the  
reverse side.

A kit list and other information **will be sent to you by e-mail** in good time before camp. Children are accepted only on the understanding that they will attend **the entire camp**. This will enable the children to form good friendships and feel at home in their teams.

## DECLARATION BY PARENT/LEGAL GUARDIAN

I am happy for my son/daughter to take part in all properly supervised activities. I accept that the camp organizers cannot be held liable for any accident or injuries incurred during the camp.

I enclose US\$50/US\$200 cash, for deposit/full fee (please delete as appropriate).

I understand that my child is accepted on condition that he/she will attend the whole camp.

Please state if your child suffers from any allergy, or needs any special diet:

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_  
(Parent/Legal Guardian)

Medical Aid Society \_\_\_\_\_

Member's Name \_\_\_\_\_

Member's number \_\_\_\_\_