

VILLAGE CAMPS ROOTS & SHOOTS SEMINAR

STUDENT REGISTRATION FORM

Family Name: _____ First Name(s): _____ M F

Birthdate (D/M/Y): _____ Nationality: _____

Home Address: _____

Home Telephone: _____ Fax: _____

Email: _____

School: _____ Grade: _____

EMERGENCY CONTACT INFORMATION...The person to contact if parents cannot be reached:

Name: _____ Relationship to Family: _____

Telephone Home: _____ Telephone Work: _____

ILLNESS INSURANCE COMPANY

Name: _____ Policy Number: _____

Address: _____ Post Code _____

City _____ Country _____

Do you have a history of any of the following ?

Diabetes Yes No

Asthma Yes No

Seizures/Fits Yes No

Allergic reactions to: Foods Yes No

Medications Yes No

Bee sting Yes No

Details/Other conditions: _____

Are you taking any regular medicine?

Yes No Details: _____

Do you have any special dietary requirements?

Yes No Details: _____

Are there any aspects of your health that would prevent you from participating fully in all activities?

Yes No Details: _____