

**Kids Village Disclaimer**

Membership Number

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medical Details: \_\_\_\_\_

(Please advise of any medical conditions, allergies, recent injuries, surgeries or disabilities that we should be aware of)

\_\_\_\_\_

\_\_\_\_\_

Emergency contact (Name): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Would you like to receive regular updates and information regarding all Kids Village activities?

Yes                      No

**Swimming Competency**

Would you like your child to participate in water-based activities during the Day Camp?

Yes                      No                      Don't know

Is your child confident in the water?

Yes                      No                      Don't know

Can your child swim unaided a minimum distance of 10m in deep water?

Yes                      No                      Don't know

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_