

R E G I S T R A T I O N F O R M

Please complete and return this form to **The Zone**

Stars 'n Stripes Winter Camp 2017

December 18, 2017 - January 12, 2018

Yankee Camp: 2- to 3-year-olds
9:00 a.m. - 12:30 p.m.
\$275 per week
\$60 per day

4- to 5-year-olds
9:30 a.m. to 2:30 p.m.
\$360 per week
\$80 per day

6- to 8-year-olds
9:30 a.m. to 3:30 p.m.
\$430 per week
\$95 per day

9- to 11-year-olds
9:30 a.m. to 3:30 p.m.
\$550 per week
\$120 per day

12- to 14-year-olds
9:30 a.m. to 3:30 p.m.
\$650 per week
\$140 per day

Week 1
 Day 1 - Dec 18
 Day 2 - Dec 19
 Day 3 - Dec 20
 Day 4 - Dec 21
 Day 5 - Dec 22

Week 2
 Day 1 - Dec 25*
 Day 2 - Dec 26
 Day 3 - Dec 27
 Day 4 - Dec 28
 Day 5 - Dec 29

Week 3
 Day 1 - Jan 1*
 Day 2 - Jan 2
 Day 3 - Jan 3
 Day 4 - Jan 4
 Day 5 - Jan 5

Week 4
 Day 1 - Jan 8
 Day 2 - Jan 9
 Day 3 - Jan 10
 Day 4 - Jan 11
 Day 5 - Jan 12

* **Public Holiday:** December 25 - Christmas & January 1 - New Year's Day (No Camp)

FOR MEMBER

Name of Camper: _____ D.O.B.: _____ Gender: Male/Female

Parent's/Guardian's Name: _____ Membership No.: _____

Email: _____

Contact No.: (1) _____ (2) _____ Name of School: _____

FOR GUEST

Name of participant: _____ D.O.B.: _____ Gender: Male/Female

Parent's/Guardian's Name: _____ Contact No.: _____

Email: _____

Sponsoring Member's Name: _____ Membership No.: _____

Email: _____ Contact No.: _____

- * Charges will be incurred by the Sponsoring Member
- * Additional 20% premium charge
- * Members are required to fill up the registration form on behalf of their Guest.
- * Promotions & discounts are not applicable unless specified
- * At least a written confirmation allowing the friends to register under their membership

**ADDITIONAL INFORMATION REQUIRED FOR
RECIPROCAL / ABSENTEE MEMBER* (CREDIT CARD DETAILS):**

Name of Card Holder: _____

Type of Card: Mastercard / VISA / AMEX Card Expiry Date: _____

Card Number: _____

- The information will be used should the signing Reciprocal Card Member fail to settle the charges stipulated in the Registration Form.
- All information will be kept private and confidential.

M E D I C A L R E C O R D

Please disclose any medical or health information which would affect your child's participation and interaction in Camp. Please include activities to be encouraged or restricted. Note: This information will be kept confidential.

*Does your child suffer from any medical, physical, emotional or behavioural conditions which might affect his/her safety while in Camp? (E.g. Asthma, claustrophobia, vertigo, heart condition, diabetes, epilepsy etc.)

Yes No If Yes, please specify: _____

*Is your child currently undergoing any form of medical treatment including medication?

Yes No If Yes, please specify: _____

*Is your child allergic to any food?

Yes No If Yes, please specify: _____

*Does your child have any dietary restrictions? (Eg. Gluten-free, lactose intolerant)

Yes No If Yes, please specify: _____

*Is your child restricted from any activities?

Yes No If Yes, please specify: _____

*Please list any surgeries or serious injuries your child has suffered in last two years: _____

"In case of emergency, if I am unable to be notified, I hereby give permission to the physician selected by the adult-in-charge to hospitalize and secure proper treatment for my child."

TERMS & CONDITIONS:

- Sibling Discount: 5% off the weekly rate
- Elite Member/VIP Member: \$20 off the total bill per child (applicable for whole week sign-ups)
- 10K/15K Member: \$15 off the total bill per child (applicable for whole week sign-ups)
- Discounts are not valid with other promotions
- \$20 administration fee applies for walk-in registrants

NICHE GROUP:

Elite 15K 10K VIP

LIABILITY WAIVER

The American Club, its employees, agents, and/or representatives of the General committee, are not responsible or liable for any death, injury, damage, or loss suffered by or caused to any person in the course of participation in the program activities conducted at the Club and/or at the offsite venues. The undersigned hereby undertakes to indemnify The American Club, its employees, agents, and/or representatives of the General Committee against all claims brought against them arising out of death, injury or loss suffered or caused in the course of participation and includes all cost and expenses incurred as a result of such claims, including but not limited to any penalties or damages to equipment, property or facility within the Club and/or any offsite venues.

CANCELLATION POLICY:

- UPON RECEIPT of registration form: 20% of Camp fee (non-refundable)
- Less than one week before camp: 50% of Camp fee
- Less than 48 hours before camp commencement: 100% of Camp fee

PRO-RATA BILLING:

Please note there is no pro-rata billing for Camp days missed through illness, if a medical certificate is received. Charges will be on a daily basis. Members unable to attend the Camps due to illness must advise The Club on that particular day. The certificate must be received at the Youth Desk within 48 hours of notification.

Signature of Parent/Guardian: _____ Date: _____

(DD/MM/YY)

FOR OFFICIAL USE:

STAFF: _____ DATE RECEIVED: _____

