

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 Fall Camp 2018**

October 1 – 26, 2018

- Yankee Camp: 2- to 3-year-olds  
9:00 a.m. to 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 - October 1
  - Day 2 - October 2
  - Day 3 - October 3
  - Day 4 - October 4
  - Day 5 - October 5
- Week 2**
- Day 1 - October 8
  - Day 2 - October 9
  - Day 3 - October 10
  - Day 4 - October 11
  - Day 5 - October 12
- Week 3**
- Day 1 - October 15
  - Day 2 - October 16
  - Day 3 - October 17
  - Day 4 - October 18
  - Day 5 - October 19
- Week 4**
- Day 1 - October 22
  - Day 2 - October 23
  - Day 3 - October 24
  - Day 4 - October 25
  - Day 5 - October 26

**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 Camper: \_\_\_\_\_ 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; discount applicable for 1 child only (older child)  
Elite/VIP Members: Enjoy 8% off per Member Child  
10K/15K Members: Enjoy 5% off per Member child  
Discounts are not valid in conjunction 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: \_\_\_\_\_