



**National Summer Camps 2022**  
 Division of Youth Affairs  
 Ministry of Youth, Sports and Community Empowerment  
 YDP@barbados.gov.bb



**CAMPER REGISTRATION FORM**

**Name/Venue of Camp:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age:  Years National ID#: \_\_\_\_\_

Sex: Male  Female

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

Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_

Tel #s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

**MEDICAL AND HEALTH INFORMATION**

Does your child/ward suffer from any illnesses (Blood Clotting, Breathing Problems, Heart Problems, Frequent Infections, Diabetes, Fainting Spells?) Yes  No

If yes, please specify. \_\_\_\_\_

Is your child/ward on medication? Yes  No

If yes, please specify. \_\_\_\_\_

Does your child/ward have any disabilities? Yes  No

If yes, please specify. \_\_\_\_\_

**EMERGENCY INSTRUCTIONS**

Doctor's Name or Polyclinic: \_\_\_\_\_

Telephone Nos: - or -

I give my permission for trained Camp Officials to administer First Aid, call a doctor or seek emergency, medical/surgical care for my child/ward \_\_\_\_\_ in the event that I cannot be reached in an emergency. I hereby give permission for my child/ward to go on trips away from camp premises, whether on foot or by vehicle. I give permission for my child/ward to participate in all camp activities with the following exceptions: \_\_\_\_\_

## CAMPER CONDUCT

The National Summer Camps Programme offers a safe and wholesome environment in which campers play and learn as part of a team. Camper attitude and behaviour are critical to the success of the camps and each individual makes a difference in the quality of the camp experience.

Campers and parents/guardians must read and sign this agreement prior to camp attendance. This form is to be submitted with the camper's registration form. Please tick boxes.

- I agree to follow the COVID-19 protocols outlined in the Ministry's pamphlet.**
- I will treat everyone in the camp community with respect at all times, including showing respect for another's personal belongings, privacy and feelings.
- I understand that harassment based upon colour, race, religion, creed, sex, age, sexual orientation or disability is a form of discrimination and will not be tolerated.
- I will respect the camp facilities and equipment and not take or destroy camp property.
- I will not use obscene or foul language or gestures and I will not bring with me music with lyrics which contain obscene or foul language or make reference to violent offensive actions.
- I will not engage in any activity which myself, other campers or staff at risk.
- I agree to abide by the rules and regulations of the camp and understand that I am expected to follow directions and guidance provided by the camp staff.

If a camper fails to abide by the above the parent/guardian will be notified and asked to assist in helping the camper make more positive choices. If the camper behaviour does not improve, the camper will be asked to leave camp.

The following behaviours are considered very serious and may result in immediate expulsion from camp:

1. **Ignoring or disrespecting COVID-19 camp protocols and directives.**
2. Possession or use of weapons, illicit illegal drugs or other controlled substances, tobacco products of any kind and alcoholic beverages.
3. Physical abuse of any kind including hitting, biting or pushing another camper or staff member.
4. Failure to follow instructions thereby resulting in situations that put themselves, other campers or staff in physical danger.
5. Leaving the camp facilities without the permission of a camp staff member.
6. Verbal abuse of other campers or staff.
7. Behaviour that is constantly interfering with the quality of the camp programme.
8. Campers threatening to harm themselves or other campers.

I have read and understand these behavioural expectations. I have discussed these expectations with my child/ward and he/she has agreed to abide by them at all times during the camp period. I accept that that my child/ward will not be allowed to remain in camp if one or more than one of the above occurs.

I am willing to pay for lunch at camp if provided  I will provide lunch for my child/ward

.....  
**Parent/Guardian Name**

.....  
**Signature**

.....  
**Date**

**OFFICIAL USE ONLY:**  Accepted  Not Accepted  Referred