

**KENYA ACADEMY OF SPORTS
SPORTS CAMP REGISTRATION FORM**

Student/Athlete Name _____ Age _____ School _____

Address _____ ID No/PP No. _____ Nationality _____

Phone No _____ County _____ Sub County _____

Student's/Athletes email _____ Parent's email _____

1st Parent/Guardian: _____ Cell Phone: _____ Occupation _____

2nd Parent/Guardian: _____ Cell Phone: _____ Occupation _____

Emergency Contact: _____ Relationship: _____ Telephone _____

Athlete resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:

Please print all information clearly

Name of Camper: _____ Today's Date _____

KAS does not discriminate on the basis of tribe, sex, handicap, religion or social status. The Academy reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period. Parent/Guardian's/Athlete's Signature: I understand and accept these guidelines

Parent/Guardian's/Athlete Signature: _____

I give KAS permission to photograph and/or videotape me/my child for public relations and/or publicity/marketing purposes. Photos will remain archived at the Academy and can be used for promotional purposes without notification.

Parent/Guardian's/Athlete Signature: _____

I give permission for KAS to transport me/my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the camp coordinators to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred _____

By signing below I agree to adhere to all the Policies and Procedures set for by Kenya Academy of Sports

Parent/Guardian's/Athlete Signature: _____