



P.O. Box F-44585
West End, Grand Bahama Island

2014 Application Form

Child Name _____
Home Address _____ Home Telephone _____
Date of Birth ____/____/____ Age _____
School: _____ Grade Level _____ Current GPA: _____
Name of Parent/Guardian _____ Relationship _____
Emergency Contact: (Home) _____ (Cell) _____
Do you have any known allergies? Yes () No () Please explain _____
Are you currently on any medications? Please list if any _____
E-mail address: _____ Facebook Name: _____
T-Shirt Size _____ Shoe Size _____
Have you attended any previous camp and if so what year? _____

WAIVER AGREEMENT

In signing this form the parent/Guardian/Signatory assumes full responsibility for the above named person's participation in the Program and Activities to include swimming in pool as well as the ocean. I hereby indemnify the Program Sponsors, Instructors, Association Owner(s) or Volunteers from any and all liability, legal damages, cost, proceedings, actions and charges. In the event that medical attention is required, I hereby agree to permit the Program Coordinators to perform basic first aid and/or allow competent medical authority to render full medical aid to ensure the safety, care, and welfare of the person in need. The signatory accepts full responsibility for any and all medical attention rendered.

Parent/Guardian Signature

Date

Please contact the Chairman, WEEFCA for further information in regards to this statement at 602-0641 (home) or 646-6227 (cell) or at lbarrycooper@gmail.com.

"Preparing the next generation as caretakers of the earth and living seas"