



RAINFOREST ADVENTURE



Intensive English Summer Camp Kazakhstan International School REGISTRATION FORM July 7 – August 1, 2008

Please ensure you read and complete all portions of this registration form.

Please contact us if you need any assistance or if you have any questions. Thank you.

102a, Utegen Batyra, Almaty, Kazakhstan Tel.: (+7 727) 225-00-30 Fax: (+7 727) 225-08-71,
www.kisnet.org, ascchew@kisnet.org

FAMILY INFORMATION:

Father:

Last Name: _____ First Name: _____
Home Telephone : _____ Mobile Telephone : _____
Email: _____

Mother:

Last Name: _____ First Name: _____
Home Telephone : _____ Mobile Telephone : _____
Email: _____

Secondary Contact: (if above cannot be reached)

Name: _____ Telephone: _____
Relationship: _____

CAMPER INFORMATION:

Camper Name: _____ Sex: _____
Date of Birth: _____ / _____ / _____
Month Day Year

Last Grade Completed: _____

Has your child ever attended camp before? Yes ____ No ____

I would like my child to be in English Introductory / Intermediate / Advance class
or Russian Introductory: _____

HEALTH HISTORY:

A physician’s examination is not required. Please complete this information to the best of your knowledge. Please inform the camp office in writing of any changes to your child’s health prior to their arrival at camp.

- Does your camper have any allergies? Yes _____ No _____
- If yes, what are they allergic to? _____
- Does your camper take any medication? Yes _____ No _____
- If yes, what medication? _____
- Please list any medication and doses that your camper will be taking at camp

- Please note that all medication must be in its’ original container and all instructions attached.
- Are there any activity restrictions while at camp? _____
- Is there any behavior/special considerations that the camp should know about in order to better facilitate their experience?

CHECKLIST:

Please read the following carefully to ensure that your Registration is processed correctly.

- All sections of the Registration Form must be completed.
- All Forms must be accompanied by a **10,000 tenge** deposit that is non-refundable
- Please ensure that you have signed where indicated in the Parent’s Authorization section.
- Please ensure that the camp has all appropriate information to help your camper have a successful camp stay.
- Any health information needs to be communicated to the camp **IN WRITING** before your child starts.

PARENT’S AUTHORIZATION:

I hereby give consent for my child to participate in the full KIS IESC program and all activities unless I advise you in writing. I give permission for KIS IESC to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless KIS IESC and its officers, teachers, assistants or assigns from any liability concerning our child’s involvement in the KIS IESC programs and further agree that the use of all KIS IESC facilities is made at the risk of the registrant. Every effort will be made to contact a parent/guardian in the case of emergency.

- Registrations must be accompanied by a 10,000 tenge Non-Refundable Deposit per camper.
- Full payment is required by July 7, 2008
- After July 7, 2008, registrations must be accompanied by full payment.
- Refunds can be requested up until July 7 and will be given in full less deposit.
- I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp.
- In June you will receive a Parent Information Package detailing all necessary camp information.

_____/_____
Parent/Guardian Signature Date