

## BREEF New Providence SeaCamp Registration & Waiver Form 2017



Please return the completed form to the BREEF office at Caves Village.  
 (Tel: 242 327-9000, via Fax: 242-327-9002, or via Email: [breef@breef.org](mailto:breef@breef.org))

**Camper's do not need to be proficient swimmers, but should be comfortable in water.**

PLEASE PRINT			
Camper's Name			
Camper's Date of Birth			
Camper's Mailing Address			
Parent/Guardian's Name			
Parent/Guardian's email			
Parent's phone contacts	Mobile:	Home:	Work:
Emergency Contact's Name			
Emergency contact's phone	Mobile:	Home:	Work:
HEALTH INFORMATION			
Does the camper have any medical conditions that we should be aware of? If so, please specify.			
If the camper had medical insurance, please specify the:		Insurance Company:	
		Policy Number:	
		Name of Primary Policy Holder:	
<input type="checkbox"/> I grant permission for the camper to participate in water-based activities and to be transported by private bus service to and from activities during the course of the summer camp.			

I the undersigned, as parent or guardian consent for \_\_\_\_\_ to participate in the New Providence Summer Sea Camp activities for the period **July 24<sup>th</sup> - 28<sup>th</sup>, 2017**. I will not hold BREEF, Ardastra Gardens, its officers, agents, employees or anyone acting on its behalf, responsible or liable for injury occurring to the named camper in the course of camp activities or such travel. I also authorize BREEF to transport or to obtain medical care that may become necessary for the camper in the course of camp activities. BREEF will document summer camp activities using photo and or video which will be used for educational purposes and promotions. I understand that signing this waiver indicates agreement to the terms and conditions described in this document.

**Registration deadline – July 21<sup>st</sup>, 2017**

Parent's or Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

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