



# National Trust Discovery Camp 2010

## Registration Information



Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

PO Box \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Alternative Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Cost per week: **CI\$225** Members, **CI\$250** Non-Members  
Week of July 6-9: **CI\$180** for members and **CI\$200** for non-members  
\*\*\* Deposit **CI\$ 150** required to reserve a space. Cost includes juice and a snack. Spaces are limited!!  
Balance due on the first day of camp.

**Week 1:** July 6-9 **Week 2:** July 12-16 **Week 3:** July 19-23 **Week 4:** July 26-30

Enter Week(s) you would like your child to attend \_\_\_\_\_

Payment Details Cash Cheque\* Credit/Debit Card # \_\_\_\_\_  
(\* Make cheques payable to "National Trust") cc Expiry Date \_\_\_\_\_

As parent or legal guardian, I hereby give permission for my child to participate in the Discovery Summer Camp Program 2010 conducted by the National Trust for the Cayman Islands. By signing below I understand that I and the child in my care are participating in a program, which includes certain risks in outdoor activities. I and the child in my care are voluntarily participating in this program and hold harmless the National Trust for the Cayman Islands from all responsibilities of personal injury. I hereby waive any and all claims against the National Trust for the Cayman Islands, its directors, members, employees, and volunteers for any damage, injuries, loss or liability, which may occur, during my (my child's) participation in this program. The person herein described has permission to engage in all prescribed activities except as noted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For information call the National Trust at 749-1121 or  
[info@nationaltrust.org.ky](mailto:info@nationaltrust.org.ky)  
Applications can also be faxed to 749-1135.