

P.U.M.A. CHILDREN'S CAMP 2011  
AUGUST 12<sup>th</sup> - 14<sup>th</sup> AUGUST

Please return this form to your instructor.

Part 1.

P.U.M.A. Licence No.....Expiry Date.....  
Full Name.....  
Boy/Girl.....Date of Birth...../.../.....Telephone No.....  
Present Address.....  
.....  
Present Grade Kup/Dan.....Puma School.....  
Instructors Name.....  
Doctors Name & Telephone No.....  
Can your child provide a tent? If yes what size.....  
Who would your child like to share with?.....  
Does your child have any special dietary needs i.e. food allergies etc?  
.....  
Will your child be required to take any medication during the camp? .....  
If "yes" please state exactly what, how often and how  
much.....  
(Please note that all medicines must be handed to the nurse who will  
administer them.)  
Emergency contact No.....

Part 2 (Payment)

The cost of the camp is £90 for first family members and £70 for second and  
subsequent family members. Please make cheques payable to PUMA.

Part 3

I certify that the above facts are correct and, in submitting this application for  
children's camp, I accept that my child/children may be at risk of injury and I will not  
hold P.U.M.A. or any of its instructors or students liable for any injury that my child/  
children may sustain during this camp.

PLEASE NOTE

Fees paid are non-returnable

Signature of parent or guardian.....Date...../.../.....  
Signature of instructor.....Date...../.../.....

N.B. PLEASE NOTE THIS CAMP IS AN OPEN FORUM AND  
PHOTOGRAPHS WILL BE TAKEN THAT MIGHT BE USED TO FURTHER  
PUBLICISE THIS EVENT.