



## Ark-Eden Registration and Waiver Form

### CAMP INFORMATION

Name of Camp:	
Date of Camp:	

### PARENT INFORMATION

Name: (First / last)	
Mailing address:	
Home phone:	
Mobile:	
Email address:	

### EMERGENCY CONTACT

Contact in emergency

Name:	
Relationship:	
Mobile phone:	
Workphone/homephone:	

### CHILD INFORMATION

(Please copy this page and complete for every child attending the camp)

Name:			
Age:		Sex:	
Date of Birth:			
Medical information: (please outline any medical issues in the last 5 years)			
Allergies:			
Dietary restrictions:			
Can your child swim 100m?			

### DROP-OFF/PICK-UP INFORMATION

In the morning, the child/ren will be dropped off by (full name):		Relationship with the child/ren:		Mobile phone number:	
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In the afternoon, the child/ren will be picked up by (full name):		Relationship with the child/ren:		Mobile phone number:	
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**PAYMENT INFORMATION**

In order to confirm your registration please return the completed form to:  
[jasmine@arkedenonlantau.com](mailto:jasmine@arkedenonlantau.com)  
 Please confirm the full payment of the camps with a scanned receipt.

Personal cheques:  
 Made out to **Ark Eden Foundation Limited**

Mailed to:  
 Jasmine Nunns, Ark Eden, 17B, Gardenia, 468 Sai Yeung Choi Street North, Shek Kip Mei, Kowloon.

→ or deposit directly to:  
**HSBC account no. 808 642714 001**  
 Email a scanned pay in deposit slip

Number of children enrolled \_\_\_\_\_ x price of program \$660 = Total \$ \_\_\_\_\_

**PRINTED NAME OF PARENT:** \_\_\_\_\_

**Cancellation Policy:**  
 Any cancellations made within 48 hours of the dated summer camp programme will unfortunately not be refunded. Cancellations made before 48 hours of the camp will be entitled to a 70% refund by Ark Eden. Ark Eden reserves the right to cancel or postpone summer camps in the event of bad weather or other reasons. If cancellation is required, Ark Eden will reimburse the programme price fully.

**Agreement**

I hereby certify that my child \_\_\_\_\_ is in normal physical and mental health and is capable of safe participation in the Ark Eden Foundation Programmes. I understand the types of activities my child will be participating in during the programme. I understand that there are inherent risks involved in physical activity, and whilst acknowledging that the greatest safety precautions will be undertaken by the Ark Eden Foundation organizers, I will not hold Ark Eden Foundation Ltd, or their staff responsible for any loss, injury or damage incurred as a result of participation in the programme. I authorize Ark Eden to take photographs during the programmes. These photographs may be used in promotional materials. I hereby authorize the Ark Eden Foundation organizers to obtain medical treatment for my child in the event that I cannot be reached. By signing this form I have read and fully understand this agreement.

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear of this

programme? \_\_\_\_\_

Ark Eden, Mui Wo, Lantau Island, Hong Kong, tel: +852 6110 9293 ; email: [jasmine@arkedenonlantau.com](mailto:jasmine@arkedenonlantau.com)