

## 2019 SUMMER MUSIC CAMP @ ROHM

### Registration Form

#### Art. 1 – Personal Details

Name	
Surname	
Date and Place of Birth	
Nationality	
Home Address	
School / Grade	
Language/s Spoken	
Father's contact details	☎ ☒
Mother's contact details	☎ ☒
Why do you wish to take part in the Summer Camp?	
Please tick which week you would like to sign in for:	
<input type="checkbox"/> Week 1 (7-11 July)	<input type="checkbox"/> Week 2 (14-18 July)

#### Art.2 – Adults authorised to collect child from the Summer Camp

Please note that only adults with written authorisation from parents/guardians will be allowed to collect children from the Summer Camp.

I authorise the following adult(s) named below to collect my child from the Summer Camp:

##### Adult 1

- 1 Name of adult in full
- 2 Relationship to child
- 3 Mobile number
- 4 ID Card


##### Adult 2

- 1 Name of adult in full
- 2 Relationship to child
- 3 Mobile number
- 4 ID Card


### Art. 3 – Parent/Guardian Approvals

Please indicate your approval or not of the following by ticking the appropriate box.

Approval for your child’s photo to appear on the ROHM website and social media	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approval for your child’s photo to appear in local media (newspapers, tv, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Art. 4 – Medical Issues

*Emergency contact details (person/persons to contact if parents/guardians are unobtainable)*

#### Contact 1

Name in full	
Relationship to child	
Contact details	<input type="text"/> <input type="text"/>

#### Contact 2

Name in full	
Relationship to child	
Contact details	<input type="text"/> <input type="text"/>

#### Treatment consent

Should your child need treatment for injury or illness while on the ROHM premises we need your permission to administer appropriate treatment. Please indicate below which treatment you approve.

I approve the administration of first aid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where parents/guardian are unobtainable I approve taking the children to a hospital/clinic of ROHM’s choice where seen to be necessary.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Health record

Please provide current details of your child’s health history.

Height  Weight  Blood Type

Please indicate below whether your child has special needs and/or if he is under medical treatment.

Please indicate below whether your child has health issues (asthma, allergies, diabetes, ....). During the summer camp, we will provide light snacks, juices and water.

Please note that children with the following issues will not be admitted to the Summer Camp:

- Fever, a temperature
- Diarrhoea
- Conjunctivitis
- Any Infectious condition
- Prolonged coughing
- Vomiting
- Runny nose
- Nits

I ..... (name of parent/guardian)  
have provided accurate, complete and up to date information in this document. I have also read and understood the terms and conditions detailed above and agree to be legally bound by them.

Date ..... Signature.....

**Registration Deadline: 23<sup>rd</sup> June 2019**

Tick here if you wish to receive information by email from the ROHM about Education and Outreach activities.

The enrollment form must be completed legibly and in full and sent to: [education@rohmuscat.org.om](mailto:education@rohmuscat.org.om)

