Sports Camp Registration

Organiser: JAMES MUIRURI **Cell – 0722 320 949**

Venue: **Montessori Learning Centre** Charges:**1000/- a day or 4000/- Week**

Duration: 7 Weeks Dates: 12th July to 27th August 2010

Below is a provisional program which the organizer can change it without notice especially due to weather.

	8.30 am – 9.00 am	9.00 am – 10.00am	10.00 am – 10.30 am	10.30 am – 12.00pm	12.00 pm – 12.30 pm
Monday	Arrival	Cycling	Break	Tennis/ Hockey/ Soccer	Pick-up
Tuesday	Arrival	Cycling	Break	GP / Soccer/ Skating	Pick-up
Wednesday	Arrival	Cycling	Break	Tennis/ Hockey/ Horse riding	Pick-up
Thursday	Arrival	Cycling	Break	Swimming/ Basketball/ Skating	Pick-up
Friday	Arrival	Cycling	Break	GP / Soccer/ Tennis/Horse riding	Pick-up

In case of bad weather, Indoor Games will be played and camp hours will remain the same. Chess will be introduced at a basic level.

To register please read below and complete return slip.

Terms and Conditions

1. All campers must bring their own bicycles. Over-night storage for the cycles is provided. In addition, **helmets** are compulsory. (Available for sale at 1,000/-)
2. All campers must be independent. Campers in the Tiny-tots program are allowed house helps.
3. The camp program will provide snacks and water, however extra refreshments are allowed.
4. All camper **items must be labeled**. Lost property must be reported within 12 hours and items left behind will be disposed 30 days after camp is over.
5. In case of a cancellation, only 50% of amount paid will be reimbursed.
6. An additional 500/- will be charged to parents who pick their children after 12.45 pm.
7. Extra swimming for an additional cost will be done at 12.15 pm on Monday, Wednesday and Friday. Additional classes everyday from 2pm to 4 pm.
8. Transport is available on request for children living around Westands and Parklands for an additional fee.

- **Although every effort is made in ensuring the safety of the child, the organiser and/or Montessori Learning Centre takes no responsibility of any injuries or loss incurred during the program.**
- **Emergency First Aid and Evacuation will be provided by AAR.**

Child's Full Name:_____

Date of Birth:_____ School: _____

Parents/Guardian Full Name:_____

Mobile Contact Number: _____ Residential Contact Number:_____

Email: _____

Emergency Doctor Name:_____ Emergency Doctor Number:_____

Allergies/ Other Medical Conditions: _____

Parent/Guardian Signature (*on agreement with terms*) _____