



## Camp Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_/\_\_\_/\_\_\_ Grade Completing \_\_\_\_\_ Graduation Year \_\_\_\_\_

Child's Address: \_\_\_\_\_

Constituency: \_\_\_\_\_ Island: \_\_\_\_\_ Country: \_\_\_\_\_

P. O. Box: \_\_\_\_\_

### Parent / Guardian

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1 Type of: \_\_\_\_\_ Phone 1 Type of: \_\_\_\_\_

Phone 2 Type of: \_\_\_\_\_ Phone 2 Type of: \_\_\_\_\_

Phone 3 Type of: \_\_\_\_\_ Phone 3 Type of: \_\_\_\_\_

### Payment Information:

*This camp is free of charge*

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To the best of my knowledge, all registration information for the person described herein is correct. I give permission for my child to participate in all camp activities, including but not limited to: use of computers and other technological equipment provided by camp organizers for the purpose of practicing in web coding, app and game, development vehicles, and I agree that the camp, its staff, volunteers, will not be held responsible for any accidents or personal injury arising from participation therein and I agree that the camp or its staff will not be held responsible for lost or damaged personal property. I also grant permission for pictures or video taken of the individuals listed above to be used in publications and promotional materials.

Signature of Parent/Guardian, or adult camper (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_



(242) 466-3761  
(242) 813-4479



keypointsconsulting@gmail.com  
Facebook: Success Code Camp



Periwinkle Road,  
Tropical Gardens



## PARENTAL CONCENT FORM

Dear Parent/Guardian:

Your child \_\_\_\_\_ has been selected to participate in the Success Code Camp 2019 from July 15<sup>th</sup> to July 26<sup>th</sup>, 2019.

The hours of the camp are 9:00 a.m. to 2:00 p.m. Monday to Friday on the campus of C.I. Gibson High School, Marathon Road. Students will be provided with lunch, but transportation to be provided by parents.

Your consent for your child's participation is essential. Therefore, please indicate below the participation of your child/children.

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I \_\_\_\_\_ (Parent/Guardian) hereby **AGREE/DISAGREE** for my child/children \_\_\_\_\_ to participate in the Success Code Camp 2019.

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Parent/Guardian Signature

Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Other Important Information: \_\_\_\_\_



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