

BROSNA EDUCATIONAL CENTRES LTD

FRENCH / ENGLISH CAMPS 2018

Participant's						
Name & Surname						
Address						
		Family				
Home telephone		Email				
School						
Year starting			DOB	dd/mm/yyyy		
Parent's names			obile hones			
Any other information						
(medical, diet, etc.)						
Can he swim?						
Week1: 11- 15 June □		Week2: 18 - 22 June □		Week3: 25 - 29 Jur	Week3: 25 - 29 June □	
Please indicate parenta	l permission, or not	. for the following:				
• Along with the usual sporting and outdoor pursuits, there may be a number of adventure sports and challenges at recognised adventure centres. These activities will take place under the supervision of the staff and instructors of these centres. I give parental permission to take part in these activities. □ Yes						
• In case of emergency or accident decisions may need to be taken by the camp leaders, but every effort will be made to contact next of kin before such decisions are made.					☐ Yes ☐ No	
Photos taken during activities may be used in albums, website and promotional material.					☐ Yes ☐ No	
Parent's signature:				Date:		