

# Champs Camp Registration Form

Name of Camper \_\_\_\_\_ Age \_\_\_\_ Birth Day \_\_\_\_\_ Sex \_\_\_M\_\_\_F

School/Institution \_\_\_\_\_ Class/Form/Year \_\_\_\_\_

Place of Residence \_\_\_\_\_

Name of Parent/ Guardian; Mr/Mrs/Ms/Doc. \_\_\_\_\_

Telephone Numbers; Work; \_\_\_\_\_ Cell; \_\_\_\_\_ Other \_\_\_\_\_

Email Address; \_\_\_\_\_

[Parents/guardians are advised to give their email addresses for purposes of reports and feed back]

## Favorite Sports;

- |                                   |                                    |                                   |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="radio"/> Volley Ball | <input type="radio"/> Golf         | <input type="radio"/> Hide & seek |
| <input type="radio"/> Basket Ball | <input type="radio"/> Water sports | <input type="radio"/> Hiking      |
| <input type="radio"/> Football    | <input type="radio"/> Running      | <input type="radio"/> Indoors     |
| <input type="radio"/> Tennis      | <input type="radio"/> Hokey        | <input type="radio"/> Other       |
| <input type="radio"/> Rugby       | <input type="radio"/> Catty        |                                   |

Allergic to what foods? \_\_\_\_\_  
(The hotel will provide three meals, A.M & P.M tea/coffee with snacks)

Does the camper suffer from any of the below medical conditions?

- |                                 |  |
|---------------------------------|--|
| <input type="radio"/> Asthma    | <input type="radio"/> High Blood Pressure    |
| <input type="radio"/> Pneumonia | <input type="radio"/> Short term memory loss |
| <input type="radio"/> Epilepsy  | <input type="radio"/> Any other condition    |

(Safety to the campers is our #1 Priority; a doctor will be on call for any eventuality)

## What to bring along

Sports gear, light cloths, swimming costumes and personal effects.

(The apartments are fully furnished with Fresh hot/cold shower, Towels & Soap, AC, DSTV, Telephone extension & comfortable beds with mosquito nets)

## Reporting Times

Check in – 2pm & Check Out – 5pm

## Payments

Payments can be made at TSS Towers 2<sup>nd</sup> Floor (Midia Datalinks), Dormans coffee House Mombasa, or Milele beach Hotel

Cash or Cheque deposits at;

Barclays Bank of Kenya, Nkrumah Road Mombasa

Account Name; **Teams that win Consultants**

Account No. **1157953**

## Teams and Conditions

Being fully aware that Champs Camp exists to impact the lives of the youth, challenging them to become better people in the society by raising a standard in their character, education and future dreams;

During the camp period, campers will maintain a high level of discipline. Our facilitators will report any cases of indiscipline to the counselors and in extreme cases; parents will be called to pick up their child/ren in question. Champs camp is a non smoking, non alcoholic & a drug free training environment; however, if any camper is found in possession of any of these, counseling shall be done in the presence of the parents/guardian followed by immediate dismissal. No funds shall be refunded in cases of dismissal.

Champs Camp is committed to maintaining an environment that is physically, spiritually & emotionally safe. In the event of sickness, allergic reaction, accident, etc, parents/guardians will be alerted immediately for directions. Champs Camp does not and will not discriminate any child regardless of their sex, race, religion or physical.

Champs camp will not discriminate any child/ren regardless of their sex, race, religion, or physical status.

I release the camper above to attend the Champs Camp;

Signed by; \_\_\_\_\_ Father/Mother/Guardian

[Admission will only be made after this form is duly signed]

For Details, clarifications & bookings, please call our Numbers;

020-2351717/ 0726-915611/ 0733-753138

Email: info@teamsthatwin.com

Web: www.teamsthatwin.com