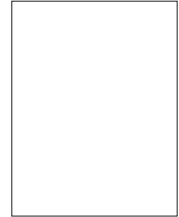


Inscripción de C. I. T.

RC. Programas Internacionales

Foto:



Fechas:
Camp:

Family Name:
First Name:
Date of birth:
Age as of June:
Place of birth:
Nacionality:
Permanent address:
Postal code, city:
Telephone:
Emergency contact (phone & name):
Address:
City/Country:
Mobile phone
Father:
Mother:
Mobile phones
Participant
E-mail:

CAMP RELATED SKILLS

Please list the 3 activities that you can best teach (T) or assist (A)

T	A
T	A
T	A

EXPERIENCE

Please check area in which you have had experience and explain it.

CAMP EXPERIENCE

Name of camp, location, years attended, duration of camp, activities.

HEALTH RECORD SUMMARY

Do you have any physical defects or have you had any serious illness which might affect your full participation in an active camp program? Have you ever had any emotional or mental illness? Do you have any allergies or dietary restrictions? _____

If "Yes", please explain:

I agree to conform to a **non smoking** camp.

AGREEMENT: The program has been clearly explained to me. If accepted for camp placement I agree to comply with the policies and procedures of the camp.

Signature _____

Date _____