



LJM Maritime Academy

Maritime Summer Camp Ages: 10-13

18th - 29th July, 2022

MEDICAL PERMISSION FORM

The undersigned, as parent or legal guardian of: _____ (child's name) gives consent for the above-named student to participate in all activities, including field trips.

In the event that medical treatment is required, the undersigned parent or guardian consents to finance any and all payments for medical treatment, which may be deemed advisable by a qualified physician selected by any agent or official of L.J.M. Maritime Academy.

I hereby release and hold harmless L.J.M. Maritime Academy, its employees and agents from action arising from the camp.

I authorize L.J.M. Maritime Academy, in case of emergency, to take my child to _____ at _____, if possible.
(Doctor's Name) (Institution & Telephone No.)

EMERGENCY CONTACT: (Other than parent(s) or legal guardian)

NAME	RELATIONSHIP
TELEPHONE (HOME) / (MOBILE)	TELEPHONE (BUSINESS)
PARENT OR LEGAL GUARDIAN	DATE
TELEPHONE (HOME)	TELEPHONE (BUSINESS or MOBILE)

For Academy's Personnel Use Only

Received by: _____ Date: _____
Academy's Stamp:



LJM Maritime Academy

Maritime Summer Camp Ages: 10-13

18th - 29th July, 2022

REGISTRATION FORM

Please print or type all the information requested below. If you are to be considered for 2022, you must provide all requested information. Your parent's (legal guardian) signature is required.

DEADLINE FOR APPLICATION - JULY 4, 2022 at 5pm.

1. STUDENT NAME: _____
(LAST) (FIRST) (MIDDLE)
2. ADDRESS: _____
(HOUSE # AND STREET) (P.O. BOX)
3. TELEPHONE: _____ 4. SEX: M _____ F _____
4. SCHOOL NAME: _____
5. DATE OF BIRTH (DD/MM/YY): _____ (PROVIDE COPY OF YOUR PASSPORT)
6. MOTHER'S NAME: _____
7. HOME/MOBILE NO.: _____
8. EMAIL ADDRESS: _____
10. FATHER'S NAME: _____
11. HOME/MOBILE NO.: _____
12. EMAIL ADDRESS: _____
13. PARENT/LEGAL GUARDIAN'S SIGNATURE: _____
14. STUDENT'S FUTURE CAREER CHOICE: _____
15. REASON FOR CHOICE: _____

PLEASE SELECT T-SHIRT SIZE

ADULT SIZES: S _____ M _____ L _____ XL _____ XXL _____

TO BE COMPLETED BY OFFICE STAFF AT LJMMA

DATE REGISTRATION FORM RECEIVED: _____

SIGNATURE: _____