# SPANDAN ARTS, VILE PARLE

Presents

## 5 DAYS THE JUNGLE CAMP

# KIDS REGISTRATION FORM & PARENT UNDERTAKING

**Summer Vacation Camp | Life Skills & Experiential Learning Program**

**Camp Dates:** 4th to 8th May, 2027

**Reporting Time:** 6am, on 4th May, 2027

**Pickup Venue:** Cricket Ground, Near Dahanukar College, Gujrat Society Road, Vileparle East

**Drop Venue & Time:** 2pm – 3pm on 8th May, 2027 *(Venue same as pickup)*

**Recent Photograph of the Child:**

*(Paste / Attach Photograph)*

*Please fill in all details carefully to help us ensure your child's safety, comfort and participation during the camp.*

## CHILD'S PERSONAL INFORMATION

1. Full Name of the Child : _____
2. Date of Birth : _____ / _____ / _____
3. Age : _____
4. Gender (optional) : _____
5. Current Class / Standard : _____
6. School Name : _____
7. Languages Known : _____
8. Special Interests or Hobbies :

_____

_____

_____

## PARENTS' / GUARDIANS' INFORMATION

Father's Name : _____

Mother's Name : _____

Guardian's Name (if applicable) : _____

Primary Contact Number : _____

Alternate Contact Number : _____

Emergency Contact Person : _____

Emergency Contact Number : _____

Relationship with Child : _____

Full Residential Address : _____

_____

_____

Email ID : _____

## MEDICAL & HEALTH INFORMATION

*Please disclose all relevant medical information so that the organisers can take appropriate precautions.*

1. **Does your child have any illness or medical condition?**
   ☐ No ☐ Yes If yes, please specify : _____
2. **Does your child have any allergies?**
   ☐ No ☐ Yes
   ☐ Food ☐ Medicines ☐ Insects ☐ Dust / Pollen ☐ Other
   Details : _____
3. **Does your child experience motion sickness while travelling?**
   ☐ No ☐ Yes If yes, please provide details : _____
4. **Blood Group :** _____

**Important:** Parents must inform the organisers about any relevant medical condition, allergy or medication requirement before the camp. Medicines should be clearly labelled and handed over with written instructions where necessary.

## TALENTS, SKILLS & ACTIVITIES

We encourage every child to share their talents and explore new experiences! Please tick the activities your child enjoys or can participate in.

☐ Drawing & Painting
☐ Singing
☐ Dancing
☐ Acting / Drama
☐ Mimicry
☐ Storytelling
☐ Public Speaking
☐ Other : _____

**Does your child have any special talent or achievement?**

_____

_____

## PARENTAL UNDERTAKING & DECLARATION

I, _____, parent / legal guardian of _____, hereby declare that:

1. I have read and understood all the rules and regulations of The Jungle Camp organised by Spandan Arts, Vile Parle, and agree to explain and ensure my child's compliance with them.
2. I am voluntarily sending my child to participate in the camp, understanding that outdoor and group activities may involve risks.
3. I have provided complete and accurate information regarding my child's health, allergies, medical conditions and other relevant needs.
4. I authorise the camp organisers to contact me in case of illness, injury or any emergency involving my child and to arrange appropriate emergency medical assistance if required. I understand that reasonable efforts will be made to contact me as soon as practicable.
5. I agree to remain available on the contact numbers provided and to cooperate with the organisers in matters concerning my child's safety and well-being.
6. I understand that my child must follow all camp instructions and that mobile phones, jewellery and costly personal belongings are not permitted.
7. I understand that the organisers will take reasonable safety precautions and that participation in the camp is subject to the applicable safety procedures and camp rules.
8. I acknowledge that I am voluntarily sending my child to the camp at my own discretion and accept the ordinary and inherent risks associated with camp activities.

### Parent / Guardian Details

Parent / Guardian's Full Name : _____

Signature of Parent / Guardian : _____

Date : ____ / ____ / _____ Place : _____

Child's Full Name : _____

## FOR ORGANISERS' USE ONLY

Registration Number : _____

Photograph Received : ☐ Yes ☐ No

Medical Information Reviewed : ☐ Yes ☐ No

Special Instructions : _____

_____

_____

Received By : _____ Date : ____ / ____ / _____

**SPANDAN ARTS, VILE PARLE**

*The Jungle Camp – Learning, Exploring, Growing Together!*