

## **TFFT LIFELONG LEARNING YOUTH CAMP REGISTRATION FORM**

### **Participant Information:**

Full name:

Date of birth:

Gender:

Address:

Contact number:

Email address:

### **Parent/Guardian Information:**

Full name:

Relationship to participant:

Contact number:

Email address:

Address (if different from participant's):

### **Emergency Contact:**

Name:

Relationship to participant:

Contact number:

**Medical Information:**

Any existing medical conditions (allergies, chronic illnesses, etc.)

Current medications:

Dietary restrictions or special needs

Insurance information (if applicable)

**Payment Information:**

Please note that the price per child is 50,000 TSHS

This will include the following

- Meals
- Accommodation
- Learning materials
- Participation for various sessions

**Additional Information or Comments:**

Any other relevant details the participant or parent/guardian wishes to provide

**Permission & Waivers:**

I ..... parent of .....

Consent for participation in camp activities, waiver of liability for the camp organizers and permission to seek medical treatment in case of emergency. Lastly, permission for the camp to use photographs or videos of the participant for promotional purposes.

**NOTE: PAYMENT SHOULD BE DONE BY 29th AUGUST 2024.**



**Signature:** indicating agreement to terms and conditions

Name of participant:

Signature:

Name of parent/guardian:

Signature:

**NOTE: PAYMENT SHOULD BE DONE BY 29th AUGUST 2024.**

**Payments can be made via Airtel Money or through our Exim account.**

**Airtel Money Transfer:**

Evelyne Kaijage

+255 699 534 022

**Exim Bank Transfer:**

0260000426

The Foundation For Tomorrow