

VIC WORKING PARENT'S CLUB

Registration Form and Waiver for the

VIC SummerCamp 2017

REGISTRATION:

I confirm that I joined the VIC Working Parent's Club and have paid the related membership fee of € 20.- to the VIC Working Parent's Club bank account (IBAN: AT13 1100 0083 7358 9400, BIC: BKAUATWW). I herewith register my child/ren for the weeks listed below in the VIC SummerCamp 2017, operating from 26 June to 25 August 2017.

Name of Child/ren	Date of Birth	Week/s for which I am registering my child/ren

WAIVER:

She/He/They is/are to participate in the Camp activities at their and my own risk. I shall hold the Club/Camp harmless for any damage, injury or death, which may arise out of such activities. This waiver is valid for the duration of my membership in this Club i.e. until September 2017.

Name/s of parent/s or guardian:	Home address/es of parent/s or guardian:
Employer/Organization of parent/s or guardian:	
Office address/room number/s of parent/s or guardian:	Home telephone number/s of parent/s or guardian:
Office telephone number of parent/s or guardian:	Mobile telephone number/s or parent/s or guardian:
Office e-mail address of parent/s or guardian:	Home e-mail address of parent/s or guardian:

Signature (of parent or guardian): _____

Date: _____

(write full name below signature in capital letters)