



Caribbean Institute for Meteorology and Hydrology, Husbands, St. James, Barbados BB23006
 Tel: 425-1362/3 Fax: 424-4733 Email: wwsc@cimh.edu.bb

Please print in ink or type and fill out the form as completely as possible. This form may be copied for additional registrations. Mail, fax, email or return this form in person to CIMH no later than Friday July 3, 2015.

All FEES ARE PAYABLE BY MONDAY JULY 6, 2015

NAME OF APPLICANT

 SURNAME MIDDLE INITIAL FIRSTNAME

GENDER MALE FEMALE

 DATE OF BIRTH (DD/MM/YYYY) EMAIL ADDRESS

ADDRESS _____

NAME AND ADDRESS OF SCHOOL _____

PARENT/GAURDIAN INFORMATION

 SURNAME MIDDLE INITIAL FIRSTNAME

TELEPHONE

 HOME WORK

EMAIL ADDRESS _____

IN CASE OF EMERGENCY, PLEASE CONTACT

SURNAME MIDDLE INITIAL FIRSTNAME

TELEPHONE

HOME WORK

NAME OF PHYSICIAN

SURNAME MIDDLE INITIAL FIRSTNAME

TELEPHONE

HOME WORK

LEGAL AGREEMENT

I/We, the undersigned, individually/ as parent(s) or legal guardian(s) of:

ask that he/ she be accepted to participate in this camp operated by the Caribbean Institute for Meteorology and Hydrology (CIMH). In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless the Caribbean Institute for Meteorology and Hydrology, its officers, agents, and employees from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Weather & Water Camp, or in the course of activities held in connection with the camp.

Additionally, I authorize the Caribbean Institute for Meteorology and Hydrology to photograph, video and/or audio record my child in promotion of its Summer Camp and educational and outreach activities.

NAME (PRINT) SIGNATURE DATE

NAME (PRINT) SIGNATURE DATE