



All Stars Sports Camp 2026

Registration Form



Information on child(ren):

1. How many children are you enrolling?

- 1
- 2
- 3

2. Please choose your week(s) (You may choose multiple weeks)

- Week 1 - July 13 - July 17
- Week 2 - July 20 - July 24

3. Please list your child(ren)'s names, age and gender:

	First Name/Last Name	Nick Name	Age	Gender
Child 1				
Child 2				
Child 3				

4. Does your child(ren) have any allergies, chronic illness, or medical conditions? If so, please describe:

Information on Parent/Guardian who will be dropping off and picking up your child/children to camp:

5. Parent / Guardian's Name: _____

6. Contact

Primary phone number: _____

Emergency phone number: _____

LINE ID: _____

Email: _____



Waiver

I, the undersigned parent/guardian, do hereby grant permission for my child/children, named above to attend the camp. In order that my child/children may need the proper medical treatment in the event that he/she/they may sustain injury or illness during Summer Sports Camp presented by P.O.I Sports Group and Swim Hua Hin Swim School, I hereby authorize the camp staff to obtain or provide medical treatment for my child/children for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority. On rare occasions, these injuries can be serious. In consideration of my child being allowed to participate in the Sports Camp, I, the parent/guardian, assume the risk of all injury and agree not to any legal actions against the camp directors, coaches, agents, or volunteers for any and all injuries caused by or resulting from participating in the Sports Camp. I further understand that there is always a possibility that my child/children may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child/children to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child/children for physical illness or injury that he/she/they may sustain during the camp. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child(ren)'s personal injury, property damage, property theft, disability, death or actions of any kind which may hereafter occur to me including my traveling to and from this Sports Camp. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration. Understanding that there is always a possibility that my child/children may sustain physical illness or injury, I acknowledge and understand that my child/children is assuming the risk of such physical illness or injury by his/her/their participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child/children may sustain during the camp. Thereby, all the liabilities and affairs listed above will be dealt with internally between the P.O.I Sports group and the other parties. I further acknowledge and understand that my child/children will be responsible for his/her/their failure to abide by the rules and regulations of the camp. I give permission and consent for my child/children to participate in all activities, and to allow photographs and videos to be taken during the camping session. I further give permission and consent for any such photographs or videos to be published and used to illustrate, report, promote and advertise the camp. Use of any such photographs or videotapes may include, but is not limited to, promoting or reporting on the camp online and offline. I am the parent and/or guardian of the minor named above and have the legal authority to execute the above waiver. I approve the foregoing and waive any rights in the premises.

Date: _____

Signature of Parent or Guardian: _____

Printed Name: _____