



**BERMUDA NATIONAL TRUST
SUMMER CAMP APPLICATION
9.00am - 3:00 pm P4-P6**



June 27-July 1 \$200

July 4-8 \$200

July 11-15 \$200

July 18-22 \$200

July 25-27 \$150

August 1-5 \$200

Applicant's Name _____

BNT Membership # _____

Birth Date (M/D/Y) ____/____/____

Age _____ Gender _____

Mailing Address _____

Parent/Guardian _____

Phone Home _____ Work _____ Cell _____

Email _____

Home Address _____

School _____ Grade _____

Applicant's Medical Status (please note any health problems or medication being taken)

Emergency Contact Name _____ Phone _____

Completed application and payment in full must be submitted to process this form.

Contact cconway@bnt.bm 236 6483

PAYMENT DETAILS:

Credit Card # _____ - _____ - _____ - _____

Exp. Date: _____

Name on Card: _____

Signature: _____

**Parent Agreement
Waiver of Liability**

I hereby waive any and all rights and claims for damages against the Bermuda National Trust, BNT Spring into Easter Camp, BNT staff and volunteers. I further understand that my child is not included within the Bermuda National Trust Medical and Health insurance coverage. In the event of injury or sickness, the Trust staff have my permission to arrange for medical care and will contact me as soon as possible. I confirm that I hold personal medical (accident/illness) coverage for my child/children.

Name (please print): _____

Signature: _____

Date: _____