



REGISTRATION

Ta Lai Kid Camps 2020



Camp Code	Camp Name	Camp Dates

**Are you a returning Gibbon (participated in any Ta Lai Kid Camps previously)?
If so, please provide the dates of that/those camps.**

YES NO WHEN? (dd/mm/yy)

Camper Personal information

Full name	
Date of birth (dd/mm/yy)	
School name	
Gender (M/F)	
Height (cm)	
Weight (kg)	
Nationality	
Passport Number	
Passport Expiry date	

Parents in charge information

	Father	Mother
Full name		
Email address		
Home phone number		
Mobile phone number		
Emergency phone number		
Home Address		

Camp payment and Refund Policy

- Full payment of the camp is required at the time of the registration.
- A minimum of 15 participants are needed to ensure that the camp will be held. Should the camp be canceled for any unforeseeable reason beyond our control; a refund will be processed less the 20% administration fee.
- Camper cancellation of the camp can be requested if made in writing by email or in person according to the schedule shown in the below chart.

Time of request for cancellation	Refund
From 30 days or more (in Vietnam time) prior the camp.	70%
From 14 days or more (in Vietnam time) prior the camp.	50%
From 07 days or more (in Vietnam time) prior the camp.	30%
Less than 07 days (in Vietnam time) before camp, and/or no-show.	0%

Payment Options

Payment by Bank Transfer

Beneficiary Name:	CAPHEEX CO., LTD.
Account Number:	9938 1737 799
Type of Currency:	VND
Bank Name:	Ngan Hang TNHH MTV Standard Chartered Bank (Vietnam)
Bank Address:	3rd Floor, Toa nha Van phong Nam Sai Gon 1 (Mapletree Business Centre), 1060 Nguyen Van Linh Street, Tan Phong ward, District 7, Ho Chi Minh City
Swift Code:	SCBLVNVX

Payment by Cash

Office Address:	No. 34, Road D, Lakeview City, An Phu Ward, District 2, HCMC
Office Hours:	9:30am - 5:30pm (Monday – Friday)
Hotline Number:	+(84) 974 160 827
Email:	info@talai-adventure.vn
** Please contact us in advance before your arrival **	

I confirm that I would like to enrol my child in a camp organized by Ta Lai Adventure.

Full name and signature of both parents. Date:

Signature (FATHER)		Signature (MOTHER)	
Full Name:		Full Name:	

DATE signed: _____



RELEASE FORM

Name of Camper/Participant:

Date of birth (dd/mm/yy):

I. Camper Specific requirements

I certify to the best of my knowledge that my camper has the specific below conditions, skills and requirements to fully participate in Ta Lai Adventure's camp.

Medical conditions (please circle your choice)	BAD	AVERAGE	GOOD	VERY GOOD
Specific diet (if yes, specify)				
LIST OF FOOD TO BE AVOIDED (allergies/dietary)				
LIST OF MEDICATION TO BE AVOIDED (allergies)				
Any other known allergies (hay fever etc...)				

Do you (camper) have or ever had any of the following conditions? Please tick all (Y/N) – Do not leave any spaces blank.

No.	Name of pathology	YES	NO	No.	Name of pathology	YES	NO
1	Asthma / breathing difficulties.			21	Muscle injury		
2	Allergies / Anaphylaxis e.g. bee stings, nuts, etc.			22	Impaired movement		
3	Diabetes			23	Arthritis or rheumatism		
4	Convulsions, fits or epilepsy.			24	Loss of balance / co-ordination		
5	Head injury or concussion.			25	Memory / attention problems		
6	Migraine or severe headaches			26	Hernia		
7	Fainting spells or blackouts			27	Back injury/issue		
8	Digestive/ alimentary problems			28	Recent injury or operations		
9	Spinal injuries or disorders			29	Abnormal response to heat or cold		
10	Psychological / behavioural problems			30	Kidney or bladder problems		
11	Skin disorders e.g. eczema, tinea			31	Sinus problems		
12	Allergies e.g. drugs			32	Thyroid disorder		
13	Heart or circulatory disorders			33	Speech difficulty		
14	Joint injuries/issues			34	Eye disease or glaucoma		
15	Sleep problem e.g. sleepwalking.			35	Visual impairment		
16	Anaemia			36	Ear disorders or hearing difficulties		
17	Haemophilia or bleeding problems.			37	Tuberculous		
18	Leukaemia or other blood disorders			38	Ingrown toenails		
19	Menstrual / gynaecological problems			39	Glandular fever		
20	Hepatitis			40	Vertigo or claustrophobia		

41	Others (please indicate in details):
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II. Vaccinations, Medications

The following section is **VERY IMPORTANT**.

Your Camp Leader must be fully informed of **ALL** your special requirements, medical and dietary needs, as well as any restrictions or limitations during your camper's time participated at our Camps. Failure to inform or any omissions of information may have serious implications for your camper and/or fellow campers.

1. Pathology History

GENERAL HEALTH: <i>(Please Tick and Complete where applicable)</i>	YES	NO
In the past six (06) months, have your Camper had any history of infectious disease (including chicken pox, measles or mumps, and/or any digestive problems / disorders etc...)?		
If YES, we require a medical clearance from your Camper's General Practitioner for the duration of the camp and specifically to the various programs and activities of the proposed camp (s).		
Have your Camper received a Tetanus Immunization? If YES, when was the last Tetanus Immunization date (dd/mm/yy)?/...../.....		

2. If my Camper has to take any on-going medication(s) during the Camp, while Ta Lai Adventure staff will be happy to assist and support my Camper; I acknowledge that my Camper is solely responsible for the timely and appropriate administration of all such medication(s).

Medication name	Daily dosage	Special Instructions

3. I agree that all medications provided to my Camper **MUST** come in the original pharmacy packaging, must list clearly the Camper's name on the packaging, and be correctly labelled with the name of the medication, the correct daily dosage, and the correct time of the day the medication is to be administered.
4. With parental consent, the following types of OTC medications may be made available to your Camper if when needed. Please check "yes" to authorize Ta Lai Adventure staff to give your Camper the followings:

Over-the-counter medication dispensed per package directions	Indications	Yes	No
Paracetamol or similar	Pain/fever reliever		
Diphenhydramine (Benadryl) or generic	Hay fever or upper respiratory allergies		
Cough drops or throat lozenges	Cough/throat irritation		
Sodium bicarbonate	Stomach Pain		

III. Camper’s Medical conditions and Sport Activities authorizations

1. Ta Lai Adventure’s Camps can involve strenuous activity in remote areas. I acknowledge that my Camper has the necessary level of fitness and health to complete the trip and physical activities.
2. I certify that my Camper has no special medical conditions that I am aware of that would put Camper or other participants at risk during the Camp.
3. I agree that Ta Lai Adventure will not bear any legal responsibilities in case an accident occurs that is linked to the existing conditions of my Camper.
4. I certify that my Camper is physically fit for each below activities and I authorise him/her to participate the following activities. (For all activities you authorise, please indicate your Camper level).

Some activities listed may not be on your children’s specific camp program but please fill in regardless.

Activities	YES	NO	Beginner	Intermediate	Good
Trekking, Hiking					
Kayaking					
Swim in swimming pool or natural lake.					
Mountain biking					
Zip lining					
Rock climbing / Abseiling					
Team sports (football, basketball etc.)					
Archery					
Low Rope Course					

I acknowledge that participation in this camp may expose my Camper to the possibility of injury and I hereby agree to assume for my Camper’s all risks related to the normal practice of the activities I authorized in the above list.

IV. Transportation

Waiver: I acknowledge that my Camper may be participating in activities, trips and events organized by Ta Lai Adventure which may require some transportation to other sites. I give permission for my Camper to travel by foot and/or vehicle to other desired locations.

V. Camp Rules

1. I am aware that whilst on the trip my Camper is required to adhere at all times to the advice and instructions given by Ta Lai Adventure staff. I agree that my Camper will follow all safety rules and instructions which have been designed to ensure all participants’ safety. I understand Ta Lai Adventure reserves the right to withdraw (without any refund) my Camper from any activity at any time on the grounds of safety, inadequate behavior or unsuitability.

2. In case of unacceptable behavior or any damages done by my Camper, I certify that I will be personally liable for any damages suffered to property or to Ta Lai Adventure or to any third party. Any failure by my Camper to adhere to the Camper Code of Conduct or any unacceptable behavior may also result in the termination of my Camper from the camp without refund and in such event, I understand and agree that my Camper may be sent home at my expense.

VI. Emergency Medical authorization and emergency Medical Treatment

1. I consent to any employee, agent, or other personnel affiliated with the Ta Lai Adventure’s Camps (“Ta Lai Staff”), to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of Ta Lai Staff for my Camper in the event of an accident, sudden illness, or other condition that occurs while my Camper is in the care or under the supervision of Ta Lai Staff.
2. As such, if my child does become injured, Ta Lai staff has my permission to have my child transported and treated by the nearest hospital or physician.
3. In the case of an accident, sudden illness or other condition, I understand that Ta Lai Staff will make reasonable efforts to notify me or any other parent of my Camper (“Emergency contacts” as stipulated below in this document) but I authorize Ta Lai Personnel to seek such care or treatment, and for any care or treatment to be administered, even in the event that I or any other parent cannot be contacted prior to the seeking or rendering of such care, treatment, or other measures.
4. I release Ta Lai Adventure, and all Ta Lai Staff from and of any liability for such decisions or actions in seeking medical care, and agrees to pay all the costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

Emergency Information and Contacts (2 persons in case the first one cannot be reached)	
Name of the first contact	
Relationship with the Camper	
Mobile phone number	
Emergency phone number	
Name of the second contact	
Relationship with the Camper	
Mobile phone number	
Emergency phone number	

VII. Insurance

1. I acknowledge that my Camper is covered by an appropriate travel insurance and personal accident.

2. Notwithstanding the above, it is my responsibility to ensure that the coverage provided is suitable and adequate for the trip/activities but not for all my Camper particular needs. In any case, shall it be for the absence of insurance or for an insurance that is not adequate for the particular needs, I understand that Ta Lai Longhouse will have no liability.

VIII. Personal Belongings, Electronic Devices

I acknowledge that Ta Lai Adventure discourage all Campers from bringing jewellery, electronics (Smartphones, iPods, iPads, Tablets), Cameras or other electronic devices to Camp; and I note that Ta Lai Adventure is not responsible for lost, stolen or broken items.

IX. Use of pictures and images

I agree that Ta Lai Adventure has the authority to use and reproduce any photograph, film and/or recording of you/your child (where applicable), for the purpose of promoting Outward Bound and its services, without prior notice or payment of any compensation to myself.

X. Camper’s parent(s) or legal guardian confirmation

I certify that I have read, fully understand, and accept all terms of this Release Form. In the below release, my child that I am registering to the Ta La Adventure’s Camp is referred as “my child” or “my camper”, both words having same meaning and same value.

Full name of Camper’s parent(s)/Legal Guardian:
Signature:
Date signed (dd/mm/yy):/...../.....

XI. Organizer confirmation

Camp name:
Camp dates (dd/mm/yy):
Confirmed and signed by Ta Lai Adventure Event Leader:
Ta Lai Adventure Event Leader Full name:

