



Inclusive Sports Summer Camp 2026

REGISTRATION:

- **CAMP 13-17 July 2026**
- **CAMP 17-21 August 2026**

Please complete this form (one per child) accurately.

In case of illness or accident, we would always try to reach you first and in case of more serious problems take the child to the closest hospital by taxi or ambulance as required. Your child will always be accompanied by a supervisor, and you will be asked to assume both the child's and the supervisor's transportation costs. Please do not bring children who are already sick in the morning, to Camp that day.

PARTICIPANT INFORMATION	
First Name:	Last Name:
Date of Birth:	Gender:
Has an Intellectual or Developmental Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a disability card: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the percentage of disability (Pflegestufe):	
Language(s) Spoken (Optional):	
<input type="checkbox"/> Requires Wheelchair Accessible Locations	
<input type="checkbox"/> Medical Conditions:	
<input type="checkbox"/> Special Diet:	
PARENT / GUARDIAN INFORMATION	
Name:	
Relationship:	
Home address/es of parent/s or guardian:	
Mobile/Home telephone number/s of parent/s or guardian:	E-mail:
Name and address of the parent/s or guardian's employer:	Office Email address of parent/s or guardian:
Insurance Company:	Insurance number of insured parent/s or guardian:
EMERGENCY CONTACT INFORMATION	
<input type="checkbox"/> Same as Guardian/Parent	
Name:	
Phone:	Relationship:

MEDICAL INFORMATION (confidential-for internal use only)

My child has the following medical diagnosis:

My child is allergic to (e.g. Penicillin, foods, insect bites, pollen, band-aids, etc.)

Please provide detailed behavioral habits of your child to prepare properly and provide an awesome camp experience for them (i.e.: repeats certain words, doesn't like to be touched, tends to run away...etc.) *

In case of an allergic reaction, the following measures must be taken:

My child takes medication for the following problems: (e.g. in case of respiratory problems, asthma attack, epileptic seizure, etc.):

My child has epileptic seizures: please fill in the paper and waiver about epileptic seizures if your child is concerned and let us know what the medical protocol is (contact us for more details)

I hereby confirm that the information I have provided is accurate and complete to the best of my knowledge and that any necessary medical measures may be carried out.

**if the camp administration determines not to have been informed accurately of behavioural habits, then the camp administration reserves the right to cancel the participation on a prorated basis*

(Please mark only one option with an X)

I herewith authorize the Camp staff to take my child/ren to Hospitals for minor injury, if required, **by taxi or public transportation**, as available.

I do not wish my child, in case of minor injury to travel for treatment with a Camp staff member, to the Hospital by taxi or public transportation, and **herewith request** that an ambulance be called whenever treatment is required, and I cannot be reached.

Signature (of parent or guardian):
(Write full name below signature
in capital letters)

Date:

UNSII and ISN rely on sponsors and partners to help support our mission. We often use photos and videos of our camps and activities to show the impact of support by sponsors. If you wish to allow your child's picture to be used in this way, please read and sign below.

I agree to the following:

- I give permission to UNSII and ISN and their sponsors and partners to use the photo, video, name, voice, and words of my child to acknowledge the sponsors' and partners' support for this project
- UNSII, ISN and their sponsors and partners will not use the child's picture to endorse commercial products or services.
- I understand neither my child nor I will not be compensated for the use of their pictures.

Young Athlete Name:-----	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of -----.	
I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of my child.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

WAIVER:

She/He/They is/are to participate in the Camp activities at their and my own risk. I shall hold the Camp harmless for any damage or injury which may arise from such activities. This waiver is valid for the duration of the Camp.

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 of 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)