Revision: 08 Date: 04/03/2009

REGISTRATION FORM & GUIDELINES

Please ensure all information is provided and the form is complete.

Date of Voyage: 08-15-2011	
Name of Parent/Legal Guardian onboard responsible for the c	hildren registered: Marie Pham
Stateroom: #U196	
CHILDREN'S DETAILS: Carnival's policy is to group children together according ensure that you state your child's correct birth date.	ng to their age. The age is determined according to the child's birth date. Please
Child's Name: Abigail Pham Age: 9 DOB: 09-19-2001 Permi	ission to Swim (9-11's): 🖯 Yes 🗧 No
UNDER 2 POLICY: Camp CarnivalSM is unable to accept children under the a	ge of TWO during activity time.
	tration form which adults over the age of 18 are authorized to sign in/out the child. both sign in/sign out. For the safety of the children, there are no exceptions to this
9-11 YEARS SIGN IN/OUT POLICY:	
Please indicate if you allow your children to sign themselves in & ou	ut of our activities. ⊜ Yes 与 No
not responsible for children 9 years old and over once they have signed them key or arrange to meet them at a specific time and place. Children are not per picked up by their parent from After Hours (fees apply after 10:00pm). Paren	np CarnivalSM as they choose at any time and for any reason. Camp CarnivalSM is inselves out of a Camp CarnivalSM Activity. Please give your 9-11 year old a cabin rmitted to sign themselves out after 10:00pm. After 10:00pm 9-11 year olds must be its that do not want their 9-11 year olds to sign themselves in & out of our activitie M. If the parent/legal guardian chooses to change this policy and allow the child to
12-14 YEARS SIGN IN/OUT POLICY: There is no Sing in and Out policy for th	ne 12-14 year olds. They are free to come and go as they choose for activities.
15-17 YEARS SIGN IN/OUT POLICY: There is no Sing in and Out policy for the	ne 15-17 year olds. They are free to come and go as they choose for activities.
	re available everyday, babysitting is also available every evening from 10pm to 3arnd \$4.00 for each additional sibling and will be charged to your Sail & Sign® Card.
<u> </u>	th beepers/phones for the duration of the cruise. Beepers/phones must be returned will be charged for it. There will be a charge of \$75 for beeper/\$150 for phone/\$45 or not returned in good condition.
POLICIES ONBOARD: Outside of Camp CarnivalSM, parents are responsible fuse of facilities.	for their children's behavior and compliance with Carnival's onboard policies and
CASINO: Please note the guests under18 are not permitted in these facilities.	
SWIMMING POOLS: Lifeguards are not on duty at the pool. Our pools are not use the slides. Children in diapers or those who are not toilet trained are not a	designed for diving. Please note that there are height restrictions for children to allowed to use our pools due to United States Public Health regulations.
By signing below, I/We certify that I/We am/are the adult(s) responsible for th designate the following individuals as the alternate adults, over the age of 18, CarnivalSM Program.	
Signature of Parent/Legal Guardian	Date
Please print the names and relationship of, the 2 additional adults (must be 18 CarnivalSM Program.	8 years) authorized to drop off/pick up the children while participating in the Camp
Printed Authorized Name & Relationship	Printed Authorized Name & Relationship

Revision: 04 Date: 04/03/2009

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL CARE

*When stating Food Allergy and/or Special Needs (if YES) please BE SPECIFIC

Signature of Parent/Legal Guardian	Date	
Printed Name of Parent/Legal Guardian	Stateroom	
Marie Pham	#U196	_
I certify that I am/we are the sole parent(s)/legal signature.	l guardian(s) of the minor(s) whose names and ages appear under my/our	
2.		_
1.		
	valSM activities there may be a need for the Youth Staff to administer basic finents (Ex. band aids, antibiotic ointment, etc.) please indicate the specific l:	rst
I understand there may be occasions when I ma on shore) for medical treatment for my child. In	by not be available to provide prompt parental consent (for example, I may be the unlikely event that my child should become ill or injured while participating ip's Doctor and/or nurses to render any medical treatment they deem g of my child.	
EMERGENCY MEDICAL CARE		
	Special Needs: jn Yes jn	No —
Child's Name: Abigail Pham Age: 9		No
	Diabetic, Other Diet Restrictions: jn Yes jn	No