

PARTICIPANT INFORMATION

<u>Participant's Name:</u>	
First Name	Last Name
Birth Date:	Gender:
	Gender.
Month / Day / Year	Male Female
Address:	
Street Address	Number City
AZV Number:	
Parent/Guardian Information:	
First Name	Last Name
Phone number:	
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E-mail:	
Emergency Information:	
First Name Emergency Contact	Last Name Emercency Contact
Relationship:	Phone Number:
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CAMP INFORMATION

Camp Dates:

- July 22, 2024 July 26, 2024
- July 29, 2024 Aug. 2, 2024

Time:

8 AM - 12.30 PM / Snack time: 10 AM - 11 AM

Ages:

• 13 to 16 years

Camp Program Activities:

Monday:

- <u>Orientation:</u> Tour of Toyota Aruba, explaining the different areas and their functions which ends with a Kahoot Quiz.
- Toyota Original Parts: locate and identify various car parts within the parts warehouse.

Tuesday:

• <u>The Bodyshop Experience</u>: The process of painting a car, including surface preparation, priming, and applying paint and repair minor dents using tools like dent pullers and hammers.

Wednesday:

• <u>Mechanic for a Day:</u> Get a hands-on experience, with assisting tasks like replacing air filters, changing light bulbs, or checking battery health.

Thursday:

- <u>Toyota Electrification</u>: the differences between traditional, hybrid, and electric vehicles, including how they operate and their environmental benefits.
- <u>Safety Demonstrations</u>: The importance of vehicle safety features like seat belts, airbags, and anti-lock brakes.

Friday:

Go-Karting: outdoor off-premises team activity

marketing@toyotaaruba.com.

Closure Quiz: Kahoot quiz to test what was learned during the camp

Payment Information:
Camp Fee: AWG 250 per camper
Payment Method: \square Online Transfer \square Debit Card \square Cash \square Other:
Please return the completed form and payment to Toyota Aruba by July 5th, 2024.
For questions or additional information, contact us at (+297) 281-4455 or email

PARTICIPANT INFORMATION

Does the participant have any allergies, chronic illness, or medical conditions? If yes, please describe.		
Does participant take any kind of medication? If yes, please list and provide instructions:		
Does the participant have any special needs or require accommodations? \Box Yes \Box No		
If yes, please describe:		
Photo Release: \Box I grant permission for my child's photo to be used in camp materials and promotional items. \Box I do not grant permission for my child's photo to be used in camp materials and promotional items.		
Informed Consent and Acknowledgement		
I hereby give my approval for my child's participation in any and all activities prepared by Toyota Aruba during the selected camp. In exchange for the acceptance of said child's candidacy by Toyot Aruba, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Toyota Aruba. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.		
In case of injury to said child, I hereby waive all claims against Toyota Aruba. including all supervisors and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event.		
Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing participation in the Toyota Aruba Summer camp, of the named minor child.		
Date & Place Parent/Guardian Signature		