NASIRA
— INTERNATIONAL —
NEUROTRAINING • ANALYTICS • PERFORMANCE

BRAIN EXPLORERS™
SUMMER CAMP REGISTRATION

Empowering young minds. Strengthening brains and bodies.

PROGRAM: Brain Explorers™ Summer Camp

LOCATION: Qurum, Muscat

DURATION: 05 July – 16 July 2026

PROGRAM GROUP (please select)
- ☐ Little Explorers (4–6 years)
- ☐ Brain Builders (7–9 years)
- ☐ Future Performers (10–12 years)

01 CHILD INFORMATION

Full Name _____

Date of Birth ____ / ____ / _____ Age _____

School _____

Current School Grade _____

02 PARENT / CAREGIVER INFORMATION

Parent / Caregiver Name _____

Relationship to Child _____

Mobile Number _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Number _____

03 ABOUT YOUR CHILD

Does your child regularly participate in sports or other extracurricular activities?

☐ No ☐ Yes

If yes, please specify:

_____

_____

What are your child's interests or hobbies?

_____

_____

_____

What are your goals for your child during this program?

_____

_____

_____

Is there anything else you would like us to know about your child?

This could include personality traits, learning preferences, things that motivate your child, or anything else that would help us provide the best possible experience.

_____

_____

_____

04 MEDICAL INFORMATION

Does your child have any medical conditions we should know about?

☐ No ☐ Yes

If yes, please describe:

_____

_____

Does your child have any allergies?

☐ No ☐ Yes

If yes, please specify:

_____

_____

Is your child currently taking any medication?

☐ No ☐ Yes

If yes, please specify:

_____

05 PERMISSIONS & CONSENT

Photography & Video Consent

During the program, photos and videos may be taken for documentation and promotional purposes.

☐ I give permission for my child to appear in photos and videos used by Nasira International (website, social media and promotional materials).

☐ I do not give permission for my child to appear in photos or videos.

Data Protection Consent

☐ I consent to Nasira International securely storing my and my child's personal information for registration, communication and future program administration.

Participation Agreement

☐ I confirm that all information provided is true and complete.

☐ I understand that I am responsible for informing Nasira International of any changes to my child's medical condition before or during the program.

PARENT / CAREGIVER SIGNATURE

Name _____

Signature _____

Date ____ / ____ / _____

FOR OFFICE USE ONLY

Registration Date: _____ Group: _____

Payment Received: ☐ Yes ☐ No Amount: _____

Staff Initials: _____

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Every child is unique. Thank you for helping us create the best possible learning experience.