



HOLIDAY CAMPS 2010 APPLICATION FORM
Cost: R950 (Own transportation)

A non-refundable deposit of R200 is necessary to confirm place

Select the date of camp you would like to attend?

- 28 March – 2 April '10 – Oppiberg, Rustenburg 13-18 June '10 – Oppiberg, Rustenburg
 18-23 June '10 – Oppiberg, Rustenburg 4-9 July '10 – Saronde Valley, Krugersdorp
 22 Aug – 27 Aug '10 – AnB Centre, Krdrp 26 Sep – 1 Oct '10 – AnB Centre, Krugersdorp
 12-17 December '10 – AnB Centre, Krugersdorp

CAMPERS DETAILS:

Full Name(s) _____ Gender: _____ Date of birth: _____

Grade: _____ School: _____

Cellphone: _____

E-mail: _____

Residential Address: _____

PARENTS DETAILS:

Father's Full name: _____

Phone (H) _____ (W) _____ (C) _____

E-mail: _____

Mother Full name: _____

Phone (H) _____ (W) _____ (C) _____

E-Mail: _____

SPECIAL REQUEST:

Any friends coming on camp that you'd like to share a dorm with? _____

Any special dietary requirements: _____

T-shirt Size:

Adult: XS S M L XL XXL

Children: 8-10 10-12 12-14

Bank Details: Adventure 'n Beyond
FNB – Keywest (256955)
Acc no: 621 645 50826

Contact Details:

Office: 011 662 1541
Fax: 086 678 2310
Cell: 083 449 9819
Paul Grobler 082 922 2671

www.anb.co.za | www.holidaycamps.co.za | camps@anb.co.za

Participant Health Statement & Authorization for Medical Treatment

Please complete the following as thoroughly as possible. The information will be used only by the program leaders and any emergency medical personnel. All material is confidential.

MEDICAL AID INFORMATION:

Medical Aid _____ Number _____

Name of Responsible Person: _____

ID no of responsible person: _____ (please provide a copy of ID)

Name of Dependant attending camp: _____

HEALTH QUESTIONNAIRE:

1. What physical disabilities or conditions (heart conditions, diabetes, seizures, etc.) do you have that might affect your participation in this activity including operations illness, broken bones in the past six months? _____

2. Any allergies, specifically bee stings, food, or medications/drugs? _____

3. Last date of immunization (tetanus, booster, etc.)? _____

4. List any medications being taken? _____

5. Name of family physician _____

Contact Number of physician: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Emergency Contact: Name _____

Relationship _____

Phone (h) _____ (w) _____ (c) _____

Address _____

In the event that I am rendered unable to communicate due to illness, accident, or emergency while participating in the Adventure 'n Beyond Programme, I hereby give permission to the Physician, selected by Adventure 'n Beyond's personnel, to hospitalize, secure proper treatment for, and to take whatever medical actions necessary to treat me.

Participant Signature _____

Date _____

Parent/Guardian Signature if under 18 years of age _____

ADVENTURE 'N BEYOND
Reg. No. 2003/013292/08
RELEASE OF LIABILITY AND ASSUMPTION OF RISK

This form is to be read and signed on behalf of the participant attending and/or participating in an Adventure 'n Beyond program or activity taking the above into consideration.

In return for Adventure 'n Beyond allowing the participant to participate in the Adventure 'n Beyond program / activity, and other good and valuable consideration, you agree and state as follows:

1. I am familiar with and will obey any and all of the rules, written and spoken, established for the Adventure 'n Beyond program activities;
2. I understand and appreciate the inherent risks and dangers of participating in Adventure 'n Beyond Program activities, initiative games and ropes course activities, (including but not limited to the hazards of climbing or descending trees; walking on logs/wires suspended above the ground; traveling through mountainous areas; paddling or otherwise traveling through turbulent or calm waters; climbing or descending rock faces; exposure to the forces of weather and/or nature; paintballing; accidents or illnesses occurring in remote places without medical facilities and travel by air, train, automobile and/or other forms of transportation) which could result in property damage and personal injury; and I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my participation in these activities.
3. I SHALL HOLD HARMLESS AND INDEMNIFY ADVENTURE 'N BEYOND and its officials, administrators, employees and all sponsors and individuals assisting in the presentation of the Adventure 'n Beyond Program, owners of the property on which the Adventure 'n Beyond Program is held for any liability and all claims of damages, demands and actions whatsoever in any manner resulting from my participation in this program/activity.
4. I understand that Adventure 'n Beyond program activities are facilitated by trained and qualified full-time/part-time facilitators.
5. I understand I must be healthy and reasonably fit in order to safely participate in the Adventure 'n Beyond Program/Activity and that I will inform the program/activity leader of any medication, ailment, condition or injury that may affect my performance or reasonably preclude me from participating; and

I STATE THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL CONDITIONS SET FORTH HEREIN AND THAT I SIGN VOLUNTARILY.

Signature : _____ **Date** : _____

Full Name (printed) _____

Parent/Guardian
(if participant is under 18 years of age) _____