

Emerging Facilitators Application Form

<u>Participant's Personal Details</u>	
First Names:	Surname:
Gender:	Age:
ID Number: (Please supply copy of your ID)	E-Mail Address:
Home Address: _____ _____ _____ _____	Tel No's: Home: Cell:
Relationship Status:	Single: In a Relationship:
Drivers/Learners Licences	Yes: No: Date passed:
<u>Health Information – Participant</u>	
List all allergies: NB!! – Please bring important medication to the camp (i.e.: asthma pumps, bee-sting medication, etc)	List all medication needed:
List all medication that cannot be given (i.e.: penicillin, etc):	Indicate if there are any other medical conditions of which we should be aware:
List any physical and/or mental limitations:	Do you carry family Medical Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please supply details: - Name of Medical Aid: - Medical Aid No: - Medical Aid contact Details:

Camp Details (Please indicate dates of selected camp)

From:
Arrival: 14h00

To:
Departure: 16h00

Parent/Guardians' Details
(If possible please supply details of both parents)

First Names:

Surname:

Home Address: _____

Postal Address: _____

Tel No (Home):

Tel No (Work):

Cell No:

E-Mail Address:

Payment Details

Payment Method: Electronic Bank Transfer

Make payments to **Wortelgat Outreach Trust**

Bank Details: Standard Bank Hermanus, Branch Code: 050312, Current Account No: 082251126

NB: Please send proof of payment together with this form – please use your name as reference

Indemnity

I/We, the undersigned, hereby indemnify, hold blameless and absolve the Trustees, management and all other persons associated with the Wortelgat Outreach Trust against and from any or all claims whatsoever that may arise in connection with any loss of, or damage to property, or injury to persons taking part in my/our camp or in the course of any programme or activity, in the knowledge that assistance and training is available on request..

I/We agree that all facilities are used entirely at our own risk.

I/We, have read this indemnity, fully understand its terms, understand that I/we have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Name

Participant's Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date