



## APPLICATION FORM

TO BE COMPLETED AND SIGNED BY ATTENDEE (18+) / PARENT / LEGAL GUARDIAN

CAMPER'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ (Month/Day/Year) AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

ATTENDEE'S (18+) / PARENT'S / LEGAL GUARDIAN'S PHONE NUMBER: \_\_\_\_\_

I consent to my / my child's \_\_\_\_\_ (attendee's name)

attendance of GYM Camp, on \_\_\_\_\_ (date) at GYM CAMP LODGE, Limpopo, South Africa.

I consent to my / my child's participation in the camp and all its activities, including any transport that I / my child may be involved in.

I understand and accept that these activities are undertaken at my / my child's own risk and I hereby, and on behalf of myself / my executors, my wife / husband and my / child, indemnify, hold blameless, and absolve Trinity Baptist Church, its staff, and any other persons who might be involved in the aforesaid activity, against any claim for injury or illness that may befall me / my child and for any loss of or damage to property occurring during or arising from the aforesaid activity in the knowledge that the leader and his / her assistants will take all responsible precautions for the safety and welfare of all campers.

I further request that the leaders act "In Loco Parentis" (in the place of a parent) during the said activities. I understand that in case of accident or illness, which in the opinion of the leaders requires medical attention, the cost of this medical attention and all associated costs will be my liability.

I also give consent to use appropriate photos of myself or my child for reporting back / marketing purposes.

| T-shirt Size (included in cost) | S | M | L | XL |
|---------------------------------|---|---|---|----|
| Boys                            |   |   |   |    |
| Men                             |   |   |   |    |



**Please select and explain if the camper:**

Suffers from any medical condition (such as heart condition, asthma, blackouts, etc.) **[YES / NO]** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is taking any medication (if so, list medication and dosage) **[YES / NO]** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is allergic to any foods, or drugs, or has any special care needs **[YES / NO]** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are any other factors that we need to be made aware of **[YES / NO]** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Camper (18+) / Parent / Guardian / Leader**\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_