

## **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 / LEG	AL GUARD	IAN'S PHOI	NE NUMBER	₹:	
consent to my / my child's					(attendee's name)
attendance of GYM Camp, on				(c	date) at Christ Seminary, Limpopo, South Africa.
consent to my / my child's participation	n in the cam	p and all its	activities, ind	cluding any t	ransport that I / my child may be involved in.
my wife / husband and my / child, independent in the aforesaid activity, a	emnify, hold against any from the af	blameless, claim for inj oresaid activ	and absolve ury or illness vity in the k	Trinity Bap s that may b	and I hereby, and on behalf of myself / my executors, tist Church, its staff, and any other persons who might befall me / my child and for any loss of or damage to that the leader and his / her assistants will take all
·		•	•	. ,	uring the said activities. I understand that in case of cost of this medical attention and all associated costs
l also give consent to use appropriate p	hotos of my	self or my c	hild for repor	ting back / n	narketing purposes.
T-shirt Size (included in cost)	S	M	L	XL	

Girls

Ladies



## 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]
is allergic to any loods, or drugs, or has any special care fleeds [1 E3 / NO]
If there are any other factors that we need to be made aware of [YES / NO]
Name of Camper (18+) / Parent / Guardian / Leader
Traine of Gumper (103) / Furenti Guardian / 200001
Signature
Date