

ESSENTIAL

## HOLIDAY CAMP

HOLIDAY PROGRAM		HAPPY CAMPERS CHECK LIST	
SUNDAY:	ARRIVAL 16:00	FUN:	OLD CLOTHES <input checked="" type="checkbox"/>
	ORIENTATION		WATER BOTTLE <input type="checkbox"/>
	TEAM FORMATION		HAT <input type="checkbox"/>
	NIGHT HIKE		SWIM TOWEL <input type="checkbox"/>
MONDAY:	HIKING ROUTE		SWIMWEAR <input type="checkbox"/>
	HORSE TRAIL		RUNNING SHOES <input type="checkbox"/>
TUESDAY:	200M FOEFIE-SLIDE		WIND BREAKER <input type="checkbox"/>
	ARCHERY		<input type="checkbox"/>
	ART PROJECT		<input type="checkbox"/>
WEDNESDAY:	GAMES – OLYMPICS		<input type="checkbox"/>
	SURVIVAL TECHNIQUES		<input type="checkbox"/>
	ROPE TECHNIQUES		<input type="checkbox"/>
	CAMPFIRE CONCERT		<input type="checkbox"/>
THURSDAY:	ABSEILING	CLEAN:	TOILET PAPER <input type="checkbox"/>
	CANOEING		TOOTH BRUSH + PASTE <input type="checkbox"/>
	RAFT BUILDING		SOAP & SHAMPOO <input type="checkbox"/>
FRIDAY:	HIGH ROPES	SLEEP:	SHOWER TOWEL <input type="checkbox"/>
	PRIZE GIVING		SLEEPING BAG <input type="checkbox"/>
	DEPARTURE 13:00		PILLOW <input type="checkbox"/>
			TORCH <input type="checkbox"/>

- COST: R1800
- 24 HOUR SUPERVISION
- NO CELL PHONES



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## REGISTRATION FORM

PLEASE FILL OUT AND FAX TO: 086 642 8111

DATE OF CAMP:
<b>PARTICULARS OF PARTICIPANT:</b>
SURNAME:
FIRST NAME:
AGE:
MALE / FEMALE:
<b>PARTICULARS OF PARENT OR LEGAL GUARDIAN:</b>
SURNAME:
FIRST NAME:
E-MAIL:
CELL:
TELL. (H):
TEL. (W):
FAX :
POSTAL ADDRESS:
MEDICAL CONDITIONS:
MEDICATION:
MEDICAL FUND:
MEDICAL FUND NO:
<b>BANKING DETAILS</b>
STANDARD BANK - NELSPRUIT BRANCH CODE: 052852 SJA SWANEPOEL ACCOUNT NO: 032932049

## INDEMNITY

1. AS PARENT/LEGAL GUARDIAN I HEREBY AGREE THAT THE ABOVE-MENTIONED CHILD HAS THE RIGHT TO ATTEND THE ADVENTURE CAMP AT EAGLE ADVENTURES AT OWN RISK.
2. IT IS TO MY KNOWLEDGE THAT THERE ARE RISKS IN PARTICIPATING IN THE ACTIVITIES AND GIVE THE STAFF OF EAGLE ADVENTURES FULL RIGHT TO TAKE THE CHILD TO THE NEAREST DOCTOR FOR MEDICAL TREATMENT IF NECESSARY: I AGREE TO TAKE RESPONSIBILITY FOR ANY COST THAT MIGHT OCCUR FOR MEDICAL TREATMENT AND/OR TRANSPORT TO MEDICAL SERVICES AND TO COVER THE EXPENSES IN FULL.
3. I AGREE TO REFRAIN FROM HOLDING EAGLE ADVENTURES AND STAFF RESPONSIBLE FROM ANY LEGAL ACTION CONCERNING INJURIES, LOSS OF GOODS OR LIFE THAT MAY OCCUR.
4. I TRUST THAT THE STAFF OF EAGLE ADVENTURES WILL DO THEIR UTMOST BEST TO BE RESPONSIBLE AND FAIR IN ALL SITUATIONS AND THAT THE CHILD WILL COMPLY WITH THE RULES LAID DOWN BY THE MANAGEMENT OF EAGLE ADVENTURES AND THE AUTHORITY OF THE STAFF.

SIGNATURE:

PLACE:

DATE: