



REGISTRATION FORM YOUTH ADVENTURE CAMP

ABOUT THE JR ADVENTURER

FULL NAME _____ DATE OF BIRTH (DD/MM/YY) _____ AGE _____

GRADE _____ SCHOOL ATTENDED _____

DOES THE CHILD HAVE ANY MEDICAL CONDITIONS AND/OR ALLERGIES WE SHOULD KNOW ABOUT? YES / NO

IF YES, PLEASE EXPLAIN _____

DOES THE CHILD HAVE ANY HEALTH PROBLEMS AND/OR DISABILITIES WE SHOULD KNOW ABOUT? YES / NO

IF YES, PLEASE EXPLAIN _____

PARENT/GUARDIANS NAME _____ RELATION _____

PHYSICAL ADDRESS _____ CITY _____

PHONE NO. _____ SECONDARY NO. _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP TO CHILD _____ PHONE NO. _____

AUTHORIZATION & CONSENT FOR A MINOR TO PARTICIPATE

I/WE, the undersigned parents(s)/guardian(s) of a minor, hereby make application for said minor for a place at WIDE HORIZONS YOUTH ADVENTURE CAMP. I/we give permission for said minor to attend and participate in all activities at the Youth Adventure camp. Said minor is amenable to such rules and regulations as may be made by the government of Swaziland, Camp Director, All Out Africa Ltd Pty, Rosecraft Farm Pty (Wide Horizons) or its representatives.

It is expressly understood by the parents or guardians that the minor for whom this application is made is in a condition of health that warrants his/her taking part in the event, and that the leader of this outing is hereby granted permission to take the named camper to a medical doctor for examination and treatment of any accident of illness that may arise during the term of the said outing.

I/we understand that participation in wilderness/camping activities involves the risk of personal injury, including death, due to the physical, mental and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or All Out Africa. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and

abide by all applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and / pr adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management and. or any physician or healthcare provider involved in providing medical care to the participant.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information this form with any staff or professional who need to know of medical conditions that may require special consideration in conducting Camp activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death or losses that

may arise against the Camp or its representatives associated with any program or activity.

AUTHORIZATION & CONSENT FOR A MINOR TO BE PHOTOGRAPHED

I/we understand that promotional pictures may be taken during camp activities. These promotional pieces may include camp brochures, videos, websites and social media. I/we authorize the Wide Horizons Youth Adventure Camp to use photography or video images of said minor for future promotional and related program purposes. In adherence with our child protection policy, Wide Horizons Youth Adventure Camp will not identify youth members by full name or address in any photographs, videos or publications used.

I understand that, if any information/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. The participant has permission to engage in all adventure activities described except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE FOR YOUTH _____ DATE _____

(REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18)

REGISTRATION FEE E1900 | E1500 PAYABLE TO ALL OUT AFRICA

BANK: FIRST NATIONAL BANK (FNB), SWAZILAND | BRANCH: MATSAPHA (GABLES)

BRANCH CODE: 281064 | ACCOUNT NAME: ALL OUT PROJECTS | ACCOUNT NO.:62285515361

** PLEASE USE PARTICIPANTS NAME AS A REFERENCE. PROOF OF PAYMENT CAN BE SENT TO BOOKINGS@ALLOUTAFRICA.COM

In partnership with

