



www.bigoak.co.za | admin@bigoak.co.za | 083 992 5799

Entry Form

Besonderhede van deelnemer / Particulars of participant:

Name & Surname / Naam & Van Geslag

Grade / Graad Age / Ouderdom Geboorte Datum / Date of Birth

Cell / Sel (.....) Email / Epos Facebook

Name of School / Naam van Skool

Besonderhede van ouer/voog / Particulars of parent/guardian

Titel / Title Voorletters / Initials Van / Surname

Pos Adres / Postal Address

Tel (H) (.....) Fax (.....) Work (.....)

Cell / Sel (.....) Email / Epos Facebook

Beroep / Profession

Naasbestaande / Family member (not parent / guardian)

Verhouding / Relationship Tel (.....) Cell / Sel (.....)

Besonderhede van Mediese fonds / Particulars of Medical aid

Name of Aid Membership Number

Hooflid Cell / Sel (.....) Dependant Code

Id nommer van hooflid

Allergies or medical problems / Allergie of Mediese probleme

.....

Current medication / Medikasie wat tans gebruik word

.....

NB! Please send a copy of your Medical Aid card and the principal member's id for emergencies

Indemnity / Vrywaring

I parent / guardian of

Give permission that he/she may attend the Adventure camp organized by Big Oak Adventures. I realise that Big Oak Adventure's staff will ensure the safety of my child as far as possible and that the organisation or its staff cannot be held liable for any injury, accident, illness or death that might arise from their participation. I understand that this is an adventure camp and the possibility of injury is real. I have read the rules of the camp and I understand that my child will be asked to leave the centre if they don't adhere to it.

Pictures and video material of my child may be used for marketing.

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Signature of parent / guardian

.....

Date

