



Indemnity Form

YOUTH CAMP INDEMNITY FORM	
Child name:	
Date of Birth:	
Child Contact Number:	
Parent/Guardian Name:	
Parent/Guardian Number:	
Home Address:	
Emergency Contact Name & number	

I acknowledge that some activities conducted in the following program may at times be hazardous and that my child participates at his/her own risk.

I understand that Shofar Christian Church and the Rooted Camp team will provide a reasonable duty of care; taking reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by the church for the activity is of a reasonable standard.

I acknowledge that Shofar Christian church and the Rooted Camp team will not be held liable for any injury that may be suffered by my child which arises either directly or indirectly from, or in connection with the transport or activity in the program of the Rooted Camp.

I hereby agree to indemnify Shofar Christian Church and the Rooted Camp team of any and all claims arising from, or in connection with any injury that may be suffered by my child, or that my child may cause to another person.

In addition, I indemnify Shofar Christian Church and the Rooted Camp team against any loss or damage to property, equipment or personal effects belonging to my child, or any other person arising either directly or indirectly from or in connection with the program of the Rooted Camp.

I agree that Shofar Christian Church and the Rooted Camp team may authorize on my and my child's behalf whatever medical treatment he/she may require. This includes, but is not limited to, ambulance attendance and hospital treatment.

I agree to pay all medical expenses that my child may incur.

I, _____ give permission for my child, _____ to attend the Rooted Camp from 23th of August to the 25th of August, and the

activities conducted in association with this event, and to travel to and from in any transport provided.

I also agree to meet necessary costs, when applicable.

Please specify if you do not wish for your child to participate in certain activities.

Parent/Guardian Signature

Date

YOUTH CAMP MEDICAL INFORMATION FORM

Child name:		
Date of Birth:		Lee-Ann Stoffberg 2018-12-04 13:18:12
Child Contact Number:		Lee-Ann Stoffberg 2018-12-04 13:18:12
Parent/Guardian Name:		Lee-Ann Stoffberg
Parent/Guardian Number:		21/08/03
Home Address:		
Emergency Contact Name & number:		Lee-Ann Stoffberg
Relationship to Child:		Lee-Ann Stoffberg 2018-12-04 13:21:10
Medical Aid Scheme:		Lee-Ann Stoffberg 2018-12-04 13:21:10
Medical Aid Number :		
Main Beneficiary :		Aunty Lee-Ann Stoffberg - 0786416182

SPECIAL/DIETARY NEEDS
Please identify any special needs/allergies/requirements your child has:

When was the last time your child had a tetanus injection?

MEDICAL INFORMATION Does your child suffer from any of the following: (please circle)		
Any allergic reaction	Asthma	Attention deficit disorder (ADD/ADHD)
Skin condition	a current illness e.g. flu	Bed wetting
Behavioural problems	Sleep walking	Epilepsy, fits or blackouts
. Recent fractures/hospitalisation	Diabetes	disability or chronic illness

Please provide details for any circled condition including current medication details:

Do you consent to an appointed first aid officer giving basic first aid care if required? YES / NO

NB: Shofar Christian Church and the Amplified Summer Camp team are prohibited from administering Paracetamol or other pain relievers. If you believe your child will require this, please make your own arrangements with your child.

I hereby confirm that I have given all necessary medical information which I have given is true and accurate.

 Parent/Guardian Signature

	Lee-Ann Stoffberg 2018-12-04 13:22:07
	Lee-Ann Stoffberg
	Lee-Ann Stoffberg 2018-12-04 13:22:34
Date	4/12/2018