

# CROSS WORD CAMP 2010

## Camper Application Form

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Church (if any) : \_\_\_\_\_

Your address: (Essential - we need to send you stuff)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Parent/guardian names: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Parent's work no: \_\_\_\_\_

Your cell: \_\_\_\_\_

Parent's cell: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Essential dietary needs (e.g. vegetarian, allergies, etc)

\_\_\_\_\_  
\_\_\_\_\_

Please may I share a room with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CROSS WORD CAPE | CAMP 2010

**PLEASE COMPLETE AND**  
FAX TO: 086 274 0455. ATT: GARETH or EMAIL to  
admin@crosswordcamp.co.za

## **INDEMNITY FORM 2010**

### **Your paw print needed**

I \_\_\_\_\_ (camper's name)  
hereby undertake to at all times obey the rules of the camp, which is available on the  
commencement of the camp or as will be determined by the camp leader in his/her  
sole and absolute discretion. I understand that should I contravene any of the  
camping rules that I may be expelled from camp and be returned home.

Signed: \_\_\_\_\_ (by camper)

### **Parents paw print needed**

I, \_\_\_\_\_ parent/guardian of

\_\_\_\_\_ understand and accept  
that all transportation and activities will be undertaken at my own risk and I hereby  
indemnify Cross Word and the Church of England in SA and its employees, agents,  
representatives or functionaries, against any claims which may arise in connection  
with the damage to or loss of property, or injury to myself, regardless the cause  
thereof, including without limiting the generality thereof damage, loss and or injury  
caused by or through the negligence of any C.E.S.A. employees, agents,  
representatives or functionaries, and I hereby indemnify C.E.S.A. employees,  
agents, representatives or functionaries against any such claim.

Furthermore, at the discretion of the camp directors and/or the camp medic, I/we  
give permission for my/our son/daughter to be taken to the doctor or hospital.  
Furthermore, I give permission for the camp directors and/or the camp medic to sign  
all necessary medical documents so as to obtain medical attention for my/our  
son/daughter, and that I/we will be exclusively liable for all expenses through my/our  
medical aid or in my/our personal capacity.

If you belong to a medical aid, please give us the following details:

Medical Aid Name	
Primary member	
Medical Aid No	

Furthermore, I/we the parents of the camper hereby acknowledge that in the event  
that our child is expelled from camp due to a contravention by him/her of any of the  
camping rules, we will be responsible for all the expenses to enable the camping  
committee to arrange for our child's return home.

Signed: \_\_\_\_\_ (by parent/guardian) Date: \_\_\_\_\_