



Participant Detail - Child

Name & Surname: ...Date of birth:

School / Organization:

Contact person & contact nr. in case of emergency:

Medical aid name: No:

Indemnity

I the undersigned herewith apply for my child/ the child placed in my care

..... (Full name) to take part in the programs and activities of BACK 2 BASICS and I give permission to my child / the child placed in my care to participate in the programs and activities of BACK 2 BASICS, subject to the following conditions:

1. The program organizers, facilitators and camp leaders will do everything reasonable to ensure the safety and prevent unnecessary risk of the persons and their belongings placed in their care.
2. My child /child in my care has the permission to participate on all activities on camp. Although I understand that every care is taken to ensure his/her safety, I am aware that attendance is at their own risk. I in my capacity as parent/guardian of the above mentioned person, indemnify herewith BACK 2 BASICS and won't keep BACK 2 BASICS or any of its management, facilitators, leaders, employees, members, directors or sub-contractors responsible for any claim or accountability that might arise from any injuries or lost of property, what ever the circumstances or origin.
3. My child /child in my care will obey all legal and fare instructions from the facilitators, leaders and any other camp employees. I also hereby give consent that my child / child in my care may be sent home if he/she fails to co-operate or misbehaves or disobeys any of the rules on camp.

4. That there is no food, medicine or any other things that my child / child in my care are allergic to except.....
5. That my child / child in my care didn't have any serious illness in the last twenty four months except.....
6. Health problems that the camp management and facilitators should know about are listed below.

Signed and dated at on the day of

Full name: Witness:

Signature: Signature:.....