



## C4 – APPLICATION AND INDEMNITY

To be completed in respect of all persons under 18 years of age

<b>PART 1 – to be completed by the Guider in Charge and retained by parent/guardian</b>		
An Activity / Pack Holiday / Residential Camp / Outdoor Camp / Lightweight Camp will take place at		
Venue:	From:	To:
Guider in Charge:	Contact Number:	

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<b>PART 2 – particulars of Teddy/Brownie/Guide/Ranger</b>		
Name:	Home Phone:	Cell Phone:
Physical Address:	Postal Code:	
Email:	Current Membership Number:	
Region:	District:	Unit:
ID Number:	Rank:	Religion:

<b>PART 3 – health and medication – ALL MEDICATION MUST BE HANDED IN ON ARRIVAL</b>	
My daughter suffers from:	
Allergies:	
She requires the following medication:	
Dosage:	
Date of last tetanus injection:	She MAY/MAY NOT swim
Medical Aid Scheme & Number (if applicable):	
Name and ID number of main member:	

<b>PART 4 – diet restrictions</b>
Special diet restrictions – my daughter may not eat the following:

<b>PART 5 (a) – Details of mother or legal guardian/s (please delete whichever is not applicable)</b>		
Name:	Home Phone:	Cell Phone:
ID Number:	Email:	Work Phone:
Physical Address:		

<b>PART 5 (b) – Details of father or legal guardian/s (please delete whichever is not applicable)</b>		
Name:	Home Phone:	Cell Phone:
ID Number:	Email:	Work Phone:
Physical Address:		

<b>PART 5 (c) - Emergency contact other than parents listed above:</b>		
<b>Name:</b>	Home Phone:	Cell Phone:
Relationship to child:	Email:	
Physical address:		

<b>PART 6 – Permission and indemnity</b>		
I am willing for my daughter to attend the		
Venue:	From:	To:
I enclose the required fee of R		

<b>INDEMNITY: EXEMPT FROM STAMP DUTY</b>	
I/We (full name and surname of parent/legal guardian) _____	
being the parent/s /legal guardian of (daughter's full names) _____	
request you to allow her to take part in all the activities on this camp. I/we further authorise you, the Guider in Charge, to act in 'loco parentis' during this camp and to give any consent required by hospital or medical authorities in respect of medical attention they may deem necessary. I/we absolve GIRL GUIDES South Africa and its Guiders from liability for any loss, damage or injury to her person or effects arising from any reason whatsoever during this camp or transportation to or from and during this event.	
<b>Signature of Mother/Legal guardian:</b>	<b>Signature of Father/Legal guardian:</b>
<b>Signature of witness:</b> (Person outside the family)	Name of witness (please print):
	ID number:

**NAME OF APPLICANT:** .....

**RECORD OF CAMPS ATTENDED**

**COMPLETE CAMP RECORD: (TO BE COMPLETED FOR INTERNATIONAL / NATIONAL/REGIONAL/DISTRICT CAMPS)**

	PLACE	DATE	NUMBER OF NIGHTS	GUIDER IN CHARGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**RECORD OF HIKES ATTENDED**

**COMPLETE HIKE RECORD: (TO BE COMPLETED FOR NATIONAL/REGIONAL/DISTRICT HIKES)**

	PLACE	DATE	NUMBER OF NIGHTS	GUIDER IN CHARGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**TO BE COMPLETED IN CONFIDENCE BY GUIDER OR COMMISSIONER**

PLEASE COMMENT AND MAKE RECOMMENDATIONS REGARDING THE APPLICANT: (eg strong leader, very shy, friendly girl, etc)

PLEASE LIST ANY OUTDOOR QUALIFICATIONS (INCLUDING DATE OF ISSUE) HELD BY THE APPLICANT:

SIGNATURE OF GUIDER/COMMISSIONER:

DATE