

C6 – APPLICATION AND INDEMNITY

To be completed in respect of all adults (18 years and older) participating in activities and events



PART 1 – details of event		
Type of Event :		
Venue:	From:	To:
Guider/Person in Charge:	Contact Number:	

PART 2 – personal details		
Surname:	Name/s:	
ID Number:	Date of Birth:	
Home Address:	Postal Code:	
Postal Address:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:
Email:	Fax:	
Region:	District:	Unit:
Position in Guiding:	ARE YOU A FULLY PAID UP MEMBER OF GIRL GUIDES South Africa?	If YES , to whom did you pay your membership contribution for the current year? If NO , please pay the current membership contribution amount to the coordinator of this event.

PART 3 – health and medication		
Known health problems:		
Allergies:		
Medication required:		
Dosage:		
Date of last tetanus injection:		
Medical Aid Scheme & Number (if applicable):		
Name and ID number of main member:		

PART 4 – diet restrictions
Special diet restrictions – what food may you not eat due to medical or religious reasons?

PART 5 – contact person in case of emergency		
Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:
Physical Address:		

PART 6 – indemnity	
I, (please print name and surname) being a responsible adult, absolve GIRL GUIDES South Africa and its Guiders/Agents from liability for any loss, damage or injury of my person or effects arising from any reason whatsoever during the above event, including transportation to, from and during the event.	
Signature:	Signature of witness: (Person outside the family)
	Name of witness (please print):
	Contact telephone number:
Date:	Date:

To be completed when applying to attend a camp or hike

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.				
9.				
10.				

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.				
9.				
10.				