

RYLA Camp at Emseni, Benoni – 30 Apr – 2 May 2021

APPLICATION AND INDEMNITY FORM FOR PARTICIPATING STUDENTS

PLEASE COMPLETE ALL FIELDS.

APPLICATIONS WILL ONLY BE ACCEPTED UNTIL THE **23 APRIL 2021**. NO EXCEPTIONS

SPONSORING ROTARY CLUB _____

RESPONSIBLE ROTARIAN _____

ROTARIAN TEL _____ Rotarian E-mail _____

LEARNER'S FULL NAME _____

SCHOOL ATTENDING _____

LEARNER'S CELL NO _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ GENDER _____ GRADE _____

LEARNER ADDRESS _____

EMERGENCY CONTACT PERSON _____

EMERGENCY CONTACT NUMBER _____

Please provide us with details of the learner's allergies and/or medical conditions that we need to be aware of in the case of emergency. Learners are to bring their prescribed medicine for the below condition and hand it to the program facilitator on arrival.

ALLERGIES: _____

MEDICAL CONDITIONS: _____

PRESCRIBED MEDICINES: _____

I, THE UNDERSIGNED, _____ ID _____

BEING THE PARENT / LEGAL GUARDIAN OF _____ DO HEREBY UNDERTAKE TO INDEMNIFY ON BEHALF OF MYSELF, MY HEIRS, EXECUTORS AND / OR SIGNEE, THE RELEVANT ROTARY CLUBS AND THE RYLA ORGANISERS AGAINST ANY CLAIM OUT OF ANY LOSS AND / OR INJURY SUSTAINED DURING OR ARISING FROM HIS / HER ATTENDANCE OF THE ROTARY RYLA CAMP, BETWEEN **30 APRIL AND 2 MAY 2021**.

I GRANT PERMISSION TO THE RYLA FACILITATORS TO USE THEIR INITIATIVE AND DISCRETION IN RESPECT OF ANY INCIDENT/ACCIDENT THAT MAY OCCUR DURING THE CAMP.

I GRANT PERMISSION FOR PHOTOGRAPHS TAKEN OF MY CHILD DURING THE CAMP TO BE PUBLISHED IN THE PROMOTION OF RYLA AND ROTARY PROGRAMS.

I UNDERSTAND THAT THE STUDENT WILL ONLY BE ALLOWED TO LEAVE THE CAMP WITH THE EXPRESS PERMISSION FROM THE RYLA COMMITTEE CHAIRPERSON OR HIS /HER REPRESENTATIVE.

FURTHER, I CONFIRM TO HAVE READ THE **INSTRUCTION SHEET FOR PARTICIPANTS, CLUBS AND PARENTS FORM AND ACCEPT ALL TERMS AND CONDITIONS CONTAINED IN THE FORM.**

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

Dietary requirements:

Please note that eMseni Christian Centre staff endeavours to prepare balanced meals, however should you have specific dietary requirements, please check the relevant box below:

Vegetarian Vegan Halaal No Pork Other: _____

Send completed and signed forms to email: ryla.eastrand@gmail.com

BEFORE 23 APRIL 2021