

# CAMP HERO SUMMER - REGISTRATION FORM

8 DEC -11 DEC 2016 - KONKA

AGES 8-17 YEARS



**KEYE COACHING**  
KIDS AND TEENS EMPOWERMENT COACH

Name and surname of child \_\_\_\_\_

Age of child \_\_\_\_\_

Name & surname of parent \_\_\_\_\_

Cellphone number \_\_\_\_\_

Alternative contact nr \_\_\_\_\_

Email \_\_\_\_\_

**Amount due:** Price: R4950  
Early Bird Special: R4490 (if paid before 1 Oct 2016)

50% deposit secures your place on the camp

## BANKING DETAILS

**Account holder** Key Coaching (pty) Ltd  
**Bank** Standard Bank  
**Account number** 023 380 381  
**Branch** Fourways Crossing

Please send proof of payment to [info@keyecoaching.co.za](mailto:info@keyecoaching.co.za)

# CAMP HERO - WARRIOR RIC AND KEYECOCHING



## Registration Policy

**KEYE COACHING**  
KIDS AND TEENS EMPOWERMENT COACH

1. The full amount for the course is required on or before 30 Nov 2016.
2. Your place on the camp will only be confirmed on receipt of the registration form as well as proof of payment which should be emailed to [info@keyecoaching.co.za](mailto:info@keyecoaching.co.za)
3. Should there be insufficient number of attendees, the course will be cancelled and you will be allowed to transfer to another date or 100% refunded
4. Cancellations: a) Registration fees will be refunded if the cancellation is received in writing no later than 3 days prior to the workshop. B) Should you cancel 3 days or less prior to the workshop you will be refunded, less 50% administration fee. C) Should you cancel on the day NO refund will be remitted to you.
5. I fully understand and accept that all activities are undertaken at my child's own risk.
6. I hereby appoint and authorise Phil Keye, KeyeCoaching, Warrior Ric and any facilitators acting in connection with Keyecoaching or Warrior Ric, in charge to act in my place as parent/guardian with full authority to consent to my child undergoing surgical and/or medical treatment. I undertake to pay the costs of such treatment.
7. I am aware that neither Phil Keye, Warrior Ric, KEYEcoaching, its facilitators, agents, employees, volunteers or any person associated with KEYEcoaching or Warrior Ric accept responsibility for any loss, injury or damage that the person or property of my child may sustain whilst engaged in any activity during this camp, including *inter-alia* transport to and from the activity.
8. I hereby waive any right that I or my Child may have to claim compensation against KEYEcoaching, Warrior Ric or Phil Keye, any facilitators, employees, volunteers or other members, in respect of any loss, injury or damage incurred whilst engaged in any activity howsoever arising and whether as a result of negligence or otherwise and I indemnify KEYEcoaching, Warrior Ric and Phil Keye against all such claims.
9. I agree and authorize that photo's, statements, audio – visual recordings, video and sound bites taken, recorded and collected from my child during activities with KEYEcoaching and Phil Keye may be used free of charge and at the discretion of KEYEcoaching or Warrior Ric as part of their marketing, communication and fundraising campaigns.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# MEDICAL FORM



**KEYE COACHING**  
KIDS AND TEENS EMPOWERMENT COACH

Name of delegate: \_\_\_\_\_

School: \_\_\_\_\_

Identity Number/Passport Number: \_\_\_\_\_

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

Please complete the form below in full.

<b>Medical and physical history</b>	<b>Please mark applicable with (X)</b>			
General health	Very good	Good	Fair	Poor
Do you have any present medical problems?	No	Yes	If "Yes", please specify:	
Are you under the regular care of a doctor for any ongoing condition?	No	Yes	If "Yes", please specify:	
Are you taking any medication?	No	Yes	If "Yes", please specify:	
Have you had a tetanus immunization within the last 10 years?	No	Yes		
Are you allergic to any of the following? Please specify	Medication	Food	Insect bites	Other
Do you have asthma?	No	Yes	If "Yes", has the condition been stable for past year?	
Does your health prevent you from participating in any physical activities?	No	Yes	If "Yes", please specify:	
During the last five years, have you been in the hospital or suffered any illness?	No	Yes	If "Yes", please specify:	
Please indicate your swimming ability	Good	Moderate	Weak	Non-swimmer
Does any disability prevent you from participating in any physical activities?	No	Yes	If "Yes", please specify:	
<b>Emergency information</b>	<b>Person to be notified in case of illness or injury!</b>			
First name				
Surname				
Home phone number <small>including your country code/city code (if applicable)</small>				
Business phone number <small>including your country code/city code (if applicable)</small>				
Mobile phone number <small>including your country code/city code (if applicable)</small>				
Relationship				
Family doctor				
Telephone number <small>including your country code/city code (if applicable)</small>				
<b>Medical aid information</b>				
Medical aid name				
Medical aid principal member				
Medical aid number				
Medical aid address				
Medical aid telephone number <small>including your country code/city code (if applicable)</small>				
Do you have a private medical insurance coverage?	No	Yes	If "Yes", please specify:	

