



**Moedwil, Rustenburg**  
**083 239 5027**

## Camp booking form

We look forward to having your child at Karee Krans with his/ her camp. We are situated on a beautiful mountainous 200 hectare farm just outside of Rustenburg. Our camps are packed with fun and adventure and we are certain he/she will have a memorable experience. Please read through and fill in the attached forms for us. Every child must have one of these completed forms in order to attend camp.

### **What you would need to bring**

- Bedding – Sheet, pillow, sleeping bag, blanket
- Bathing Towel
- Swimming costume and towel
- Sunscreen & **hat**
- Cup, plate, bowl, spoon, knife, fork & dish cloth
- Insect repellent
- **Water bottle**
- Tuck shop money – optional
- Money for a cap (R80) Kids get an option to buy their team cap
- Warm clothes for evenings
- Plenty of clothes that can get dirty
- Torch
- Rain jacket
- **Tekkies / hiking shoes**

### **Child's details:**

Name of child: \_\_\_\_\_  
Age of child: \_\_\_\_\_ School: \_\_\_\_\_

### **Parent's details:**

Name of parent / guardian: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel number: \_\_\_\_\_  
Email: \_\_\_\_\_

### **In case of emergency:**

Emergency contact name: \_\_\_\_\_  
Emergency contact number: \_\_\_\_\_  
Alternate emergency contact number: \_\_\_\_\_  
Medical Aid: \_\_\_\_\_  
Medical aid plan: \_\_\_\_\_  
Medical aid number: \_\_\_\_\_  
Child's medical aid number (Dependent code): \_\_\_\_\_  
Allergies \_\_\_\_\_

Is your child taking any medication? Please specify name and what it is for: \_\_\_\_\_

Any specific dietary requirements: \_\_\_\_\_  
I, \_\_\_\_\_ parent of \_\_\_\_\_ hereby give permission for my child to attend the Camp at Karee Krans for the duration of \_\_\_\_\_ (\_\_\_ nights) and would like to book his / her place for that camp.

I understand that full payment must be made with the booking and that no refunds will be granted upon cancellation. I also understand that no child will be allowed to attend without a signed indemnity form which needs to be submitted upon booking.

Signed by \_\_\_\_\_ on \_\_\_\_\_

At \_\_\_\_\_ Signed \_\_\_\_\_



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### Indemnity

1. I consent to my child attending this camp and tour. I understand that although safety is regarded a priority at Karee Krans, the activities that my child may engage in always carry risks and dangers that could result in damage to property or persons. I consent to my child participating in such activities and agree to accept all risks to my child and his / her property involved in his / her participation in such activities.
2. I waive any and all claims that I may have against the venue owners, employees, directors, agents, guests, drivers or anyone else associated with Karee Krans on any ground whatsoever including in particular, but without limiting the generality thereof, any claim based on their negligent act or omission, or that of any person or persons for whose negligence they may be liable.
3. I indemnify this camp and their employees or agents against any claim which my child may make, or which may be made on behalf of my child, against this camp and their employees, owners or agents on any ground whatsoever including in particular, but without limiting the generality thereof, any claim based on their negligent act or omission, or that of any person or persons for whose negligence they may be liable.
4. I agree that my child will be bound by the rules of Karee Krans. I authorize the staff member under whose care my child is at the time to reprimand my child should he / she not obey these rules.
5. I authorize the camp director or a member of the staff under whose care my child is at the time to act in my place as parent with full authority to consent to my child undergoing any surgical or other medical treatment should this be or become necessary while at the camp and should not be reasonably possible to obtain my consent timorously. I acknowledge that I will be responsible for the payment of any medical, hospital or associated accounts that may be incurred by the camp in doing so.
6. I declare that my child is in good health. However, the person who is responsible should note any medical information recorded on the booking form.

Parent's name \_\_\_\_\_

Child's name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_