



PARENT INFORMATION FORM



RIVER CLUB
ST FRANCIS BAY

For children aged 8-13 | School Holidays | St Francis Bay, South Africa

PARENT INFORMATION FORM

To be completed by a parent or legal guardian.

CAMPER DETAILS:

Full Name:

Preferred Name:

Age: Date of Birth: Gender: Male Female Other

School:

PARENT / GUARDIAN DETAILS

Full Name (s):

Relationship to Camper:

Cellphone Number: Alternative Contact Number:

Email Address:

Residential Address:

EMERGENCY CONTACT (OTHER THAN ABOVE)

Full Name:

Relationship: _____ Cellphone Number:

TRANSPORT DETAILS

Will your child be dropped off/picked up by you? Yes No

If not, who will be collecting them?

Name: ID/Driver's License:

Will you be using the St Francis Camp shuttle service from PE airport? Yes No

OTHER INFO

Will your child be dropped off/picked up by you? Yes No

Any particular fears or concerns?

Anything else we should know to help your child adjust or enjoy camp?

MEDICAL INFORMATION & CONSENT

To be completed by a parent or legal guardian.

CAMPER MEDICAL DETAILS:

Full Name:

Medical Aid Provider:

Medical Aid Number:

Family Doctor:

Doctor's Contact Number:

MEDICAL HISTORY

Does your child have or ever had the following? (Check all that apply):

Asthma

Diabetes

Epilepsy

ADHD

Heart Condition

Allergies (please specify):

Other medical conditions:

Is your child currently taking any medication? Yes No

If yes, please list name, dosage, and instructions:

Is your child allergic to any medication? Yes No

If yes, please specify:

Can we administer over-the-counter medication (e.g., Panado, Allergex)?

Yes No

Tetanus Shot up to date? Yes No

Dietary restrictions:

CONSENT

I hereby give permission for the camp staff to:

- Seek medical treatment in case of emergency
- Administer basic first aid if needed
- Accompany my child to a medical facility if required

Signature:

Full Name:

Date:

INDEMNITY, LIABILITY WAIVER & MEDIA CONSENT FORM

I, the undersigned, the parent/legal guardian of:

Full Name of Camper:

ID Number of Parent/Guardian:

do hereby give permission for my child to attend the **St Francis Kids Camp** from
(date) to (date) in St Francis Bay, South Africa.

1. ACKNOWLEDGEMENT OF RISK & INDEMNITY

I acknowledge and understand that:

- The camp involves outdoor and physical activities including (but not limited to) padel, surfing, hiking, fishing, swimming, canoeing and games. (Ability to swim is a requirement to attend)
- All reasonable precautions will be taken to ensure the safety and wellbeing of all campers.
- There are inherent risks in all physical and water-based activities, and while every effort will be made to ensure safety, I understand and accept those risks.
- I release, waive, and indemnify St Francis Kids Camp, its staff, volunteers, partners, venue providers, and organisers from any claim, liability, loss, damage, or injury that may arise during the course of the camp, unless caused by proven gross negligence.

2. MEDICAL CONSENT

I consent to the camp staff administering basic first aid and, in the case of an emergency, authorising necessary medical treatment as advised by a qualified health professional. I confirm all medical details provided in the Medical Form are accurate and up to date.

3. BEHAVIOUR & RESPONSIBILITY

I confirm that:

- I have briefed my child on the need for respectful, cooperative behaviour during the camp.
- I understand that if my child seriously violates camp rules or endangers themselves or others, I may be required to collect them immediately at my own expense.

INDEMNITY, LIABILITY WAIVER & MEDIA CONSENT FORM contd.

4. MEDIA & SOCIAL MEDIA CONSENT

I grant St Francis Kids Camp the right to photograph and/or video my child during camp activities. I understand that these images may be used for:

- Promotional content on social media (e.g. Instagram, Facebook)
- Marketing materials (flyers, brochures, website)
- Recap or highlight videos shared with parents or the public

YES – I give consent for my child's image to be used for the above purposes.

NO – I do not give consent for my child's image to be used.

(If "No" is selected, staff will do their best to exclude your child from identifiable media content.)

5. FINAL AGREEMENT

I confirm that I have read and understood the terms of this document and agree to them in full.

Parent/Guardian Signature:

Full Name:

Date:

Contact Number:

Email:

Witness Signature:

Witness Full Name & Contact:

