



REGISTRATION FORM

Bassing Kids Youth Camp

Rather be hooked on fishing than on drugs

BOSKOORS

Welgedacht,
KwaMahlanga Road R753
GPS:
S25° 28.710'
E28° 27.531'

Banking Details:

Acc: SA BASS
Bank: FNB Pta North
Branch: 2 5 1 0 4 5
Acc. No: 6 2 0 - 2 4 3 - 0 3 - 0 6 8
Reference: "BK + Name of Child"

Camp Fees:

Camp fee @ R1,400.00 pp
Full amount due two weeks
prior to camp.

SA BASS

PO Box 24938,
Gezina, 0031
Tel: 065 849 3264
Fax: 086 234 5026
E-mail: wilma@sabass.com

TO REGISTER YOUR CHILD: PRINT, COMPLETE AND FAX FORM TO 086 234 5026

Surname of Child: _____ Camp date: _____
First name: _____ ID-no. / Birthday: _____
School: _____ Grade: _____

BRING ALONG: FISHING GEAR, BEDDING, SWIMMING COSTUME, TOWELS, TOILETRIES, WARM JACKET, CLOSED SHOES, HAT, WATER BOTTLE, SUN SCREEN, MOSQUITO REPELLANT, TORCH, POCKET MONEY, OWN MEDICATION, BIBLE, MUSIC INSTRUMENT - **NO CELLULAR PHONES**

Attended previous Bassin' Kids camps? Yes / No If "Yes" when was the last camp? _____

I, (full name & surname) _____ parent/guardian of _____ (full name & surname), hereby give permission that my child may attend the SA BASS Bassin' Kids camp for the period as mentioned above. I accept that reasonable care and precaution will be taken by SA BASS and its staff, to ensure the safety and well-being of my child. I accept complete responsibility for the payment of any medical and/or hospital bills arising from any injuries sustained by my child. I hereby transfer my power as parent/guardian to the owner of SA BASS and/or his representative, in case of any medical treatment and/or surgical intervention needed for my child. SA BASS will inform me of any medical steps taken, where possible. I accept that SA BASS and its staff cannot be held liable for theft of or damage to my child's possessions. I hereby declare that my child is in good health and is fit enough to take part in the camp.

I would just like to bring the following information re. my child under the responsible persons attention: (Mention any conditions ie. Asthma, Heart conditions, Allergies, Tendency to Bleed easily, Epilepsy, Medication, etc)

MEDICAL INFORMATION

Medical aid, type & plan: _____
Medical aid number: _____
Main member: _____

CONTACT DETAILS OF PARENT #1:

CONTACT DETAILS OF PARENT #2:

NAME & SURNAME: _____
RELATIONSHIP: _____
ID-NO: _____
HOME ADDRESS: _____
POSTAL ADDRESS: _____
EMPLOYER: _____
CONTACT NUMBER (WORK): _____
CONTACT NUMBER (HOME): _____
CONTACT NUMBER (CELL): _____
FAX NUMBER: _____
E-MAIL ADDRESS: _____

Signed at _____ on _____ DD/MM/YY

(Signature of responsible parent)