



Synergistic Consultants PTY Ltd. trading as
KGW Kidz Camps or Kids Get Wild Kidz Camps
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FAMILY FORM

NEW FAMILIES MUST complete this form AND the KGW Enrollment Form .

If your child has been to one of our camps before and any of your details have changed please complete the form again.

PLEASE COMPLETE ALL SECTIONS IN FULL.

Kidz Name(s): _____

1. FAMILY INFORMATION

The person who is completing this form is:

Parent/Guardian Full Name: _____

Mother / Guardian Full name & Title: _____

Tel (c): _____ Tel (h): _____

Email: _____ Employer: _____

Occupation: _____

Tel (w): _____ Fax: _____

Home Address: _____

Postal Address: _____

Father / Guardian Full name & Title: _____

Tel (h): _____

Tel (c): _____ Employer: _____

Occupation: _____

Tel (w): _____ Fax: _____

Email: _____

Postal Address: _____

EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN:

Name: _____ Relationship to child: _____

TEL(h): _____ (w): _____ (c): _____

NAME OF PERSON RESPONSIBLE FOR ACCOUNT:

If this differs to the person/s above, please complete the following.

Relationship to child: _____

Tel (c): _____ Tel (h): _____

Tel (w): _____ Fax: _____

Email: _____

Home Address: _____

Postal Address: _____

2. MEDICAL COVER

Policy Name: _____ Policy Number: _____

TYPE (hospital plan/ comprehensive/ travel insurance – dates of cover) : _____

Name of Principal Member: _____ ID no: _____

(Please provide us with copies of both sides of your medical aid card)

PLEASE MARK WITH A X ONE OF THE FOLLOWING:

I warrant that there will be sufficient funds in my fully comprehensive medical aid to cover all medical expenses such as doctor fees and prescribed medication that may be required for my children while visiting **KGW Kidz Camps**,

OR

In the event that my medical aid or travel insurance does not cover certain medical expenses (e.g. private doctor fees or prescribed medication), I authorize **KGW Kidz Camps** to debit my Visa/ Mastercard (circle appropriate) with the relevant amounts.

Credit card number _____ **Exp Date** ____/____

Cardholder's name _____ **Cardholder Signature** _____

CVC Number _____

3. DETAILS OF YOUR CHILDREN ATTENDING:

FIRST CHILD

Child's full name: _____ Preferred name: _____

Male / Female _____ Date of Birth: _____

School & Grade: _____ Dietary Requirements _____

Health Information	
List of all Allergies	
List of all Medication	

Health Information	
List of Medication not to be issued	
Any other conditions we must be made aware of?	

SECOND CHILD

Child's full name: _____ Preferred name: _____

Male / Female _____ Date of Birth: _____

School & Grade: _____ Dietary Requirements: _____

Health Information	
List of all Allergies	
List of all Medication	
List of Medication not to be issued	
Any other conditions we must be made aware of?	

Please complete this table for all potential **KGW Kidz Camps** campers.

The section below is a chance for you to tell us about your child / children so that it may help them, their counselors & ourselves, (attributes, personalities, emotional or behavioral problems & anything else you would like to say.)

Please use additional pages if necessary

I / WE ACKNOWLEDGE:

Synergistic Consultants PTY Ltd is trading as KGW Kidz Camps.

All my children are insured by a medical aid / travel insurance. I / We have attached a copy of these documents, as requested, with this form. I / We understand that if I / We fail to send these documents my child can be treated at the nearest government hospital. I / We are responsible for all medical bills incurred for the treatment of my children while visiting **KGW Kidz Camps**. I / We give permission to the physician selected by **KGW Kidz Camps** to order x-rays, routine tests & treatment related to the health of my / our child for both routine health care and in emergency situations. In case of surgical emergency, I / We give permission to **KGW Kidz Camps** to secure all necessary medical treatment for my / our children. **KGW Kidz Camps** has been given full disclosure of any pre-existing physical or mental ailments from which my children

suffer. I / We acknowledge, record and understand the nature of **KGW Kidz Camps** programs & activities and give permission for my / our children to participate in all of these programs & activities. I / We accept that there are infrequent but inherent risks associated in such programs & activities and accept these risks as part of my / our children's participation. These risks include loss or damage to personal property, injury, fatality, accident or illness. I / We certify that our children are fully capable of participating in these activities that Synergistic Consultants PTY Ltd trading as **KGW Kidz Camps** has agreed to allow my children to participate in. I / We understand that **KGW Kidz Camps** will not be responsible for any loss or damage of personal articles while visiting **KGW Kidz Camps**. I / We fully agree that **KGW Kids Camps** has the right to use any photographs of our children for promotional purposes. All persons attending **KGW Kidz Camps** are required to comply with the **KGW Kidz Camps** code of conduct. This will be explained in full on your child's arrival to the camp. The rules must be strictly adhered to and they are for the health, safety and welfare of all the children. Guests unable to abide by the rules are subject to dismissal without refund. Any dispute arising between the parties shall be settled in South Africa under South African law. This contract shall not be construed for or against a party because that party wrote it. These forms are complete to the best of my knowledge. I / We have read and agreed to all the terms and conditions contained on both forms. I / We indemnify and hold Synergistic Consultants PTY Ltd trading as KGW Kidz Camps, Dr Colin Ingram, Dr Helen Ingram and their employees, agents, associates and venues harmless against any claim howsoever arising and without derogating from the generality hereof.

These acknowledgments apply to all future visits by any of my children to KGW Kidz Camps.

NAMES & SIGNATURES OF PARENTS/GUARDIANS:

_____ **DATE:** _____

_____ **DATE:** _____

If only one signature, consent implied from the other parent/guardian. The signing party indemnifies **KGW Kidz Camps** and its directors from all claims brought by a non signing parent/guardian for any act or omission affecting the participant and shall defend all such matters and pay any compromise or judgment resulting there-from.

***Be sure to specify if your child suffers from ADD or ADHD and send relevant medication to camp in case it is necessary.**

Fax these pages to 086 628 4839 WITH A COPY OF THE FRONT AND BACK OF YOUR MEDICAL AID CARD.

All information contained on this form will be kept on record for visits by any of your children to **KGW Kidz Camps**. **Should any information change between now and when your child attends camp please contact us immediately.**