

HEALTH AND SAFETY FORM

Thank you for choosing Sugar Bay for the holiday of a lifetime for your child.

In their interests, this form needs to be completed **AT LEAST TWO MONTHS PRIOR** to their arrival – but the sooner the better! This enables us to plan for your child to make the most of their adventure holiday at Sugar Bay.

HIGHLIGHTED FIELDS MUST BE COMPLETED and **ALL relevant documentation** must be submitted.

✓ Where appropriate use Ticks to indicate selections.

THIS FORM IS BEING COMPLETED FOR: Names of children: _____

Person who is completing this form is Mother Father Other Name (if other): _____

1. PARENT/GUARDIAN CONTACT DETAILS

	Parent or guardian (with whom the children live)	2 nd Parent or guardian or primary emergency contact
Relationship to child:		
First name:		
Surname:		
Tel (h):		
Tel (w):		
Tel (c):		
Email:		
Postal Address:		
Residential Address:		
Occupation		
Employer		

2. ALTERNATIVE EMERGENCY CONTACT

NAME: _____ TEL: _____

3. YOUR CHILD/CHILDREN COMING TO SUGAR BAY

Please complete this table for all Sugar Bay campers in your immediate family

	FIRST CHILD	Second and subsequent children in the same family		
Child's full name				
Preferred name				
Male / Female				
Date of Birth				
School				
Medical Aid dependent code	□□□	□□□	□□□	□□□
Any allergies, disabilities or medical conditions*				
Dietary Plan:				

Select one of the following or leave blank for no requirements: **A** = No Dairy **B** = No Wheat **C** = No Pork **D** = No Meat, Chicken or fish **E** = No Dairy, Wheat or Meat

Is there anything that you would like to share with us about any of your children that will help them, their counselors or ourselves? (aspirations, behavioral problems or anything else) _____

_____ Please use additional pages where necessary

4. MEDICAL COVER

HOSPITAL COVER: Private Hospitals require copies of the following before any admission:

- The medical aid card or travel insurance certificate for private hospital cover (front & back of card).
- The child's ID or Birth Certificate
- The (ID) Identity Document of the main or principle member of the insurance policy

Please fax these pages to **086 600 3779** or scan to **bookings@sugarbay.co.za**

We have to have all of these documents before accepting children into our care. We know it is a hassle but please understand that your child's safety might depend on it.

POLICY NAME: _____ **POLICY NUMBER:** _____

NAME OF PRINCIPAL MEMBER: _____

5. OUT OF HOSPITAL EXPENSES:

Many medical aids only cover hospital admissions and/or very limited medical savings. We require an undertaking that the medical aid will cover all non-hospital expenses (eg doctors fees), failing which we need credit card details for emergencies. **PLEASE TICK (✓) 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 Sugar Bay, 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 Sugar Bay to debit my Visa/ Master/ Diners' card (circle appropriate) with the relevant amounts.

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

Cardholder's name: _____ **CVC Number:** _____ **Signature:** _____

6. ACKNOWLEDGMENTS:

My children are all insured by a medical aid / travel insurance a copy of which I am sending with this form failing which I agree that my child can be treated at the nearest government hospital. I am responsible for all medical bills incurred for the treatment of my children while visiting Sugar Bay. In case of surgical emergency, I give permission to Sugar Bay to secure necessary medical treatment for my children. Sugar Bay has been given full disclosure of any pre-existing physical or mental ailments from which my children suffer. All efforts are made to have children participate in their activities of choice. However as new opportunities arise or practical considerations require the activities offered may vary. I acknowledge and understand the nature of Sugar Bay's programs and give permission for my children to participate in all the activities. I accept that there are infrequent but inherent risks associated in such activities and accept these risks as part of my children's participation. I understand that Sugar Bay will not be responsible for any loss or damage of personal articles while visiting Sugar Bay. Sugar Bay has the right to use any photographs of children for promotional purposes.

All people attending Sugar Bay are required to comply with the code of conduct, explained in detail on arrival. The rules are for the health, safety and welfare of all the children and are strictly enforced. They include strict prohibitions against smoking, alcohol and drugs. 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 have read and agreed to all the terms and conditions contained on both forms.

These acknowledgments apply to all future visits by any of my children to Sugar Bay. All information contained on this form will be kept on record however should any information change between now and when your child attends camp please contact us immediately.

NAMES & SIGNATURES OF PARENTS/GUARDIANS

1st PARENT: _____ **2nd PARENT:** _____

If only one signature, consent implied from the other parent/guardian. The signing party indemnifies Sugar Bay 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 therefrom

Thanks again for choosing Sugar Bay.
We look forward to making your child's dreams come true.

P.S. Please tell us how you heard about Sugar Bay - It really helps us!

HOW I FIRST HEARD ABOUT SUGAR BAY: (please tick one block and help us out by giving us as many details as possible)

- | | |
|--|--|
| <input type="checkbox"/> School/ parent presentation name: _____ | <input type="checkbox"/> Magazine Name: _____ |
| <input type="checkbox"/> School tour to Sugar Bay school name: _____ | <input type="checkbox"/> TV/ Radio Details: _____ |
| <input type="checkbox"/> Word of Mouth name: _____
Please do try and give us a name so we can thank them for the kind referral! | <input type="checkbox"/> Internet search Looking for: _____
We would love to know the phrases/ words you searched for |

WANT A R100 GIFT VOUCHER?

Fill in and send back the above Health and Safety Form two months before camp and we will reward you with a R100 Gift Voucher - redeemable at the Sugar Bay tuck and souvenir shop. What a nice start to the holiday!