



¹ The Tidbury's Business Trust (IT171/2005) t/a
Pecan Valley Farm Bush Camp
Postnet Suite #134, Private Bag X3, Beacon Bay, 5205
Cell: 083 457 6710
Fax: 086 519 6925
VAT: 4860251729
Email: info@pecanvalleyfarm.co.za
www.pecanvalleyfarm.co.za

PECAN VALLEY FARM BUSH CAMP ENROLMENT FORM

Please complete all sections in full and fax/email, together with proof of payment to:

086 519 6925 / info@pecanvalleyfarm.co.za

Please ensure that you read the terms and conditions carefully.
Correct personal details and medical information must be supplied.

Child's full name: _____

Identity no: _____

Has he/she attended one of Pecan Valley Farm's camps before? _____

Camp arrival date: _____

Camp departure date: _____

School and grade: _____

Should the camp for this session be full, would you be interested in the
next or future session/s? YES / NO

Please enquire for dates.

FEES: Full payment is required with this application in order to secure a
place for your child.

CAMP TIMES: Parent/guardian drop off at Pecan Valley Farm strictly between 2 and
2:30pm.

Pick up strictly at 2pm.

PERSONAL SAVINGS:

Please note that we do not allow children to carry cash with them on the camp.
Various items may be purchased, such as clothing, caps and traditional sticks.
These may be purchased by means of a pre-paid personal savings account.
Please note that funds for your child's personal savings account must be deposited into
our bank account prior to the camp and items purchased are charged against this account.
Should there be money left over at the end of the camp, we will transfer the balance to
your account.

Please provide my child with a personal savings account of R_____.

OPTIONAL EXTRAS:

CD of photos	R60.00
<u>Pack A</u>	
Backpack, cap and sticker	R180.00
<u>Pack B</u>	
Backpack, t-shirt, cap and sticker	R280.00

NOTES: All prices include 14% VAT. Prices subject to change without notice.

PAYMENT:

You are required to pay in full to secure a place for your child. Reservations cannot be made until this form has been completed and paid. Payment is regarded as your acceptance of the booking conditions and is non-refundable unless the reservation cannot be accommodated.

Pecan Valley Farm Bush Camp reserves the right to cancel a session if there is insufficient demand.

CANCELLATIONS:

There will be no refunds for cancellations made within one month of the start of the camp.

LATE ARRIVALS/DEPARTURES:

There are no deductions for children arriving late or leaving early. All money paid shall constitute agreed and liquidated damages for cancellations, dismissal or early withdrawal.

PACKING LIST:

You will receive a packing list on confirmation of your reservation.

DETAILS FOR PERSON COMPLETING THIS FORM:

Name: _____

ID number: _____

Contact no: _____

Email address: _____

ORDER FORM:

Name of child: _____

Date of camp: _____

Camp fee: R _____

Pack A (backpack, cap, sticker): R _____

Pack B (backpack, t-shirt, cap, sticker): R _____

Personal savings: R _____

CD of photos: R _____

TOTAL: R _____

PERSONAL AND MEDICAL INFORMATION

1. PERSONAL DETAILS:

Full names of person completing this form: _____
Relation to child: Mother / Father / Other – state _____

Mother / Guardian

Full names: _____
Identity no: _____
Tel (h): _____
Tel (w): _____
Cell: _____
Email: _____
Employer and address: _____
Occupation: _____
Home address: _____
Postal address: _____

Father / Guardian

Full names: _____
Identity no: _____
Tel (h): _____
Tel (w): _____
Cell: _____
Email: _____
Employer and address: _____
Occupation: _____
Home address: _____
Postal address: _____

EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN:

Name: _____
 Relationship to child: _____
 Tel (h): _____
 Tel (w): _____
 Cell: _____

PERSON RESPONSIBLE FOR ACCOUNT:

Full names: _____
 Identity no: _____
 Tel (h): _____
 Tel (w): _____
 Cell: _____
 Email: _____
 Employer and address: _____
 Occupation: _____
 Home address: _____
 Postal address: _____

2. MEDICAL COVER**EMERGENCY / HOSPITAL COVER**

All applicants must supply us with a copy of their medical aid covering them for private hospital admissions. If these are not provided, your child will be taken to the nearest Government hospital if needed. These documents must be sent to Pecan Valley Farm Bush Camp before their arrival or the children will not be allowed to attend the camp. (Must supply copies of BOTH sides of the medical aid card)

Medical Aid name: _____
 Medical Aid number: _____
 Medical Aid type: (hospital plan / comprehensive / travel insurance – dates of cover)

 Name of principal member: _____
 ID no: _____

OUT OF HOSPITAL EXPENSES

If your medical aid only covers your child for hospital admissions or your medical savings are insufficient, please provide us with your credit card details for emergencies and all non-hospital charges such as doctor's fees etc.

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 doctors fees and prescribed medication that may be required for my child/ren while visiting Pecan Valley Farm Bush Camp.

OR

_____ In the event that my medical aid or travel insurance does not cover certain medical expenses (eg. Private doctor fees or prescribed medication), I authorize Pecan Valley Farm Bush Camp to debit my Visa / Mastercard (circle appropriate) with the relevant amounts.

Credit Card no: _____ Expiry date: ___/___

Cardholder's name: _____ Cardholder signature: _____

CVC number: _____

3. DETAILS OF CHILDREN ATTENDING:

FIRST CHILD

Full name: _____

Preferred name: _____

Male / Female: _____

Date of birth: _____

School: _____

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	

SECOND CHILD

Full name: _____

Preferred name: _____

Male / Female: _____

Date of birth: _____

School: _____

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	

This section is for you to tell us more about your child/ren so that it may help them and ourselves (personality, emotional challenges, behavioral problems and anything else that you would like to mention. (Use additional pages if necessary)

I / We acknowledge:

The Tidbury's Business Trust is trading as Pecan Valley Farm Bush Camp.

All my children are insured by a medical aid or travel insurance. I/We have attached a copy of these documents 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 accounts incurred for the treatment of my children whilst visiting Pecan Valley Farm Bush Camp.

I/we give permission to the physician selected by Pecan Valley Farm Bush Camp to order x-rays, routine tests and treatment related to the health of my/our child/ren for both routine health care and in emergency situations. In case of surgical emergency, I/we give permission to secure all necessary medical treatment for my/our child/ren. Pecan Valley Farm Bush Camp has been given full disclosure of any pre-existing physical or mental ailments from which my child/ren suffer/s. I/we acknowledge, record and understand the nature of Pecan Valley Farm Bush Camp programs and activities and accept these risks as part of my/our child/ren's participation. These risks include loss or damage to personal property, injury, fatality, accident or illness. I/we certify that our child/ren are fully capable of participating in these activities that The Tidbury's Business Trust t/a Pecan Valley Farm Bush Camp has agreed to allow my child/ren to participate in. I/we understand that Pecan Valley Farm Bush Camp will not be responsible for any loss or damage of personal items whilst at Pecan Valley Farm Bush Camp. I/we fully agree that Pecan Valley Farm Bush Camp has the right to use any photographs of our child/ren for promotional purposes. All children attending Pecan Valley Farm Bush Camps are required to comply with the Pecan Valley Farm Bush Camps rule and code of conduct, which will be explained in full on your child's arrival to the camp, as well as during the course of the camp. The rules must be strictly adhered to, as they are for the health, safety and welfare of your child/ren. Visitors not adhering to the rules may be dismissed 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. This form is completed to the best of my/our knowledge. I/we have read and agreed to all the terms and conditions contained in these forms. I/we indemnify and hold The Tidbury's Business Trust t/a Pecan Valley Farm Bush Camp, their employees, agents, associates and venues harmless against any claim howsoever arising and without derogating from the generality thereof.

These acknowledgements apply to all future visits by any of my/our children to Pecan Valley Farm Bush Camps.

NAME & SIGNATURES OF PARENTS/GUARDIANS:

NAME:

DATE: _____

NAME:

DATE: _____

If only one signature, consent implied from the other parent/guardian.

The signing party indemnifies Pecan Valley Farm Bush Camp and its trustees 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.

CHECKLIST:

Enrolment form complete	<input type="checkbox"/>	Medical section complete	<input type="checkbox"/>
Camp fee	<input type="checkbox"/>	Copy of medical aid card (back and front)	<input type="checkbox"/>

OPTIONAL EXTRAS

Personal Savings account	<input type="checkbox"/>	Pack A Backpack, cap and sticker	<input type="checkbox"/>
CD of photos	<input type="checkbox"/>	Pack B Backpack, t-shirt, cap and sticker	<input type="checkbox"/>

BANK ACCOUNT DETAILS:

Account name: The Tidbury's Business Trust

Bank: Standard Bank

Branch: Vincent Park

Branch code: 053721

Account no: 251391485

Type of account: Cheque