



NCSA Pathfinder & Adventurer Club Camp Indemnity & Consent Form



1. Event Details

Event Name: _____

Ministry: ☐ Adventurer ☐ Pathfinder ☐ Both ☐ Other

Dates: _____

Venue: _____

Organiser: _____

2. Church Details

Name of Church: _____

Name of District: _____

Name of Club Director: _____

Emergency Insurance Number: _____

3. Participant Details

Full Name: _____

Date of Birth: _____ Age: _____

Gender: ☐ M / ☐ F ID / Passport Number: _____

Address: _____

Contact Number: _____ Alt. Number: _____

Email Address: _____

4. Parent / Guardian Details (if participant is under 18)

Full Name: _____

Relationship to Participant: _____

Contact Number: _____

Email Address: _____

Alternative Parent or Guardian details:

Name _____ Number: _____



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5. Medical Information

Medical Aid Provider: _____

Medical Aid Number: _____

Current Plan: _____

Main Member's Name: _____

Known Allergies: _____

Chronic Conditions: _____

Current Medication: [☐] Yes / [☐]

Name & Dosage: _____

Doctor's Name & Contact: _____

6. Emergency Contact

Name: _____

Relationship: _____

Contact Number: _____ Alt. Number: _____

Alternative Contact:

Name: _____ Number: _____



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7. Consent & Indemnity

I am applying to participate in an activity of the Youth Ministries Department as scheduled by the Northern Conference of Seventh-day Adventists (NCSA) and will abide by all South African laws, rules, regulations, policies, and directives of the Leaders of the NCSA.

I understand that as an attendee, I may be photographed and/or video-taped during this event. I hereby give the NCSA Junior Youth Ministries my permission to use this material and release them from all liability, granting the rights for publication of said materials for future promotions and advertising.

I consent and give the NCSA Junior Youth Ministries authority and permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency illness for myself and/or my minor child.

Every effort will be made to contact me in case of an emergency; however, I will hold the NCSA Junior Youth Ministries harmless for supervising all required emergency care. I accept full responsibility for all payments related to treatments, hospitalisation, anaesthesia, or surgery for such emergency care.

8. Behavioural Commitment

I agree to respect all camp rules, leaders, and fellow campers. I will not engage in behaviour that endangers myself or others, and I understand that possession or use of alcohol, illegal drugs, weapons, or prohibited items is strictly forbidden. I accept that failure to comply may result in being sent home at my own/parent's expense.

9. Signatures

Attendee's Signature: _____

Parent/Guardian Signature (if under 18): _____

Date: _____