



ABUNDANT LIFE EVANGELISTIC GROUP

YOUTH IN ACTION FOR CHRIST'S RETURN

Po Box 347, Dundee, 3000; Tel: (034) 218 2055; Fax: (034) 212 1229; E-mail: abladmin@abundant.co.za

Leadership Camp Registration Form/ Leierskap Kamp Registrasie Vorm

Please select the camp(s) you are registering for: / Kies asb. die kamp(e) waarvoor U registreer:

☐ **Phase1** Called to Grow ☐ **Phase2** Called to Serve ☐ **Phase3** Called to Die ☐ **Phase4** Called to Lead

Surname/Van: _____

First Names/Voorname: _____

Date of Birth: _____ Age: _____ (Please attach copy of birth certificate)

Church affiliation and name of congregation/Kerk affiliasie en gemeente: _____

T-shirt size/T-hemp grootte: ☐ S ☐ M ☐ L ☐ Other (Please specify) _____

Allergies/Allergieë: _____

Medication/Medisyn: _____

Any medical conditions or activities child cannot participate in/ Enige mediese toestande of aktiwiteite waaraan kind nie kan deelneem nie: _____

Medical Aid name and number/Mediese Fonds naam en nommer (Please attach copy of medical aid card): _____

Details of parent or guardian/Besonderhede van ouer of voog:

Surname/Van: _____

First Names/Voorname: _____

Residential address/Woonadres: _____

Postal Code _____

E-Mail Address/E-pos adres: _____

Telephone numbers/Telefoon nommers: _____

Cell/Sel: _____ Home/Huis: _____ Work/Werk: _____

Fee structure/Fooi struktuur: (2025)

Phase1: Called to Grow - **R3500** | Phase2: Called to Serve - **R3500** | Phase3: Called to Die - **R8500**

Phase4 Called to Lead - **R50,000**

Parents, family and friends having Sabbath lunch with us on Sabbath, the last day of the camp, should please contribute R50 per person for this meal. Please take note that no transport will be provided to and from the camp. Please send proof of payment to abladmin@abundant.co.za

Bank details:

Abundant Life (Camps)

First National Bank

Cheque account/Tjek rekening: 6239 5350 194

Branch Code/Takkode: 270224

Reference/Verwysing: Name /Naam

Indemnity

I, _____ (*Full names of parent/guardian*),
of _____ (*Residential address*);
the parent/guardian of _____ (*Full names of child*),
hereby grant my child permission to attend the Leadership Camp that has been arranged by the Abundant Life Evangelistic Group.

I understand and accept that all activities and outings will be attended at his/her own risk, and that Mpati Bush Camp and its management and employees, Abundant Life and its management and employees, and the Seventh Day Adventist Church and its conference, board and members shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury and/or death or any damage to and/or loss of property from any cause or causes whatsoever while in or upon said premises or any activity carried on by my child or dependents in connection herewith, including transport to and from the camp site and outings, and the UNDERSIGNED hereby covenants and agrees to indemnify, defend, save and hold harmless Mpati Bush Camp and its management and employees, Abundant Life and its management and employees, and the Seventh Day Adventist Church and its conference, board and members from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same. I also understand that in case of a medical emergency my child or dependent will be taken to a doctor or hospital at my cost.

I also understand that in case of a significant illness or injury which may be contagious, or need ongoing care, for which Mpati Bush Camp and the Abundant Life Team may not be equipped, I undertake to fetch my child/dependent immediately, or make arrangements for his/her transport, at my own cost, from the camp, and understand that I will forfeit the balance of the camp fee in such a case.

I undertake to not send my child or dependent to the camp if I am aware that he/she has any contagious medical condition, or has been recently exposed to a contagious condition such as COVID, which may still be in its latent phase.

I herewith confirm that I have read and understand the RULES AND REGULATIONS of the camp, and will ensure that my child is aware of such rules and regulations. I understand and agree that the Camp Leadership will deal with any disciplinary issues at the camp, and that in the unlikely case that my child/dependent's conduct is in serious breach of the rules and regulations, and is deemed to be of such nature that the Leadership decides that my child/dependent cannot complete the camp, I undertake to fetch my child/dependent immediately, or make arrangements for his/her transport, at my own cost, from the camp, and understand that I will forfeit the balance of the camp fee in such a case.

In the case that my child/dependent uses regular medication, I understand that for the safety of the child and other camp goers, I will hand in a sufficient supply of the said medication with clear instructions regarding dose, dosage intervals and other information, together with a filled in copy of Annexure A, in a sealed packet. I understand that the camp facilitator/s who will be administering the medication are not medically trained, and herewith agree and accept that the facilitator/s, Mpati Bush Camp and its management and employees, Abundant Life and its management and employees, and the Seventh Day Adventist Church and its conference, board and members shall be free from all liabilities and claims relating to any allergies, side-effects, interactions or complications that may result of the medication, administration of the medication, or accidental incorrect administration of such medication.

Signature of Parent/Guardian: _____

Date: _____

Place: _____

Please e-mail the following to abladmin@abundant.co.za:

- 1. Signed registration form, pages 1-3**
- 2. Copy of birth certificate**
- 3. Copy of medical aid membership card**
- 4. Copy of passport (for Phase 4)**
- 5. Proof of payment**

E-pos asb. die volgende na abladmin@abundant.co.za:

- 1. Getekende registrasie vorm**
- 2. Afskrif van geboortesertifikaat**
- 3. Afskrif van mediese fonds lidmaatskapkaart**
- 4. Afskrif van paspoort (vir Fase 4)**
- 5. Bewys van betaling**

GENERAL INFORMATION

- Please aim to register your child at the camp by 16:00 on the day the camp starts or as otherwise communicated.
- The camp officially ends by lunchtime on Sabbath, the last day of the camp or as otherwise communicated.
- If parents would like to enjoy lunch with the campers, please book and pay for the meals in advance on the registration form.
- Please inform the group facilitator when you depart with your child.
- Chronic medication: If your child uses chronic medication, please fill in Appendix A and hand in the form with the medication in a sealed packet. Please note that children will not be allowed to keep any medication in their rooms, except an asthma inhaler, which we recommend that the child carry on their person at all times.
- Groups: The campers may be randomly divided into teams. Once teams have been formed no changes will be made.

CAMP RULES:

- No tablets or laptops are allowed. Mobile phone usage will be restricted to a short time in the evening to phone parents. No Internet browsing or gaming is allowed.
- No crude, offensive, or blasphemous language, or violent behavior will be tolerated.
- Please do not bring any sweets or chips to the camp. Healthy snacks will be allowed.
- No illegal drugs, marijuana, cigarettes, or alcohol are permitted on the premises.
- No medication shall be kept in the rooms. Please hand all medication in to the facilitators.
- Boys are not allowed in the girls' dormitory or bathrooms.
- Girls are not allowed in the boys' dormitory or bathrooms.
- Each camper shall remain in his/her own bed. No sharing of beds is allowed.
- The dormitory rooms/tents/hotel rooms/accommodation shall be kept neat and clean.
- Boys and girls romantically involved are asked to avoid physical contact and public displays of affection during the camp.
- Campers will partake in all activities unless excused because of illness.
- Campers are to remain with the group while traveling.
- The camp venue cannot be left without permission from the camp leader.

SUGESTED PACK LIST:

- Single bed fitted sheet, pillow, sleeping bag/duvet.
- In winter a sleeping bag liner or extra blanket may be helpful.
- Personal toiletries and towel
- Hat
- Sunblock
- Lipbalm
- Umbrella or rain coat
- Bible
- Pen or Pencil
- Bathing suit and swimming towel - no bikinis or speedos are allowed. In the case of a tankini, please ensure that the top reaches the bottom.
- Comfortable, old walking shoes. If possible, two pairs, in case one pair gets wet.

CLOTHING:

- Old, comfortable clothes. Please remember that farm- and adventure activities may damage clothes. Please avoid shirts with offensive symbols, pictures or slogans.
- **In winter:** evenings and early mornings are very cold - one or two warm jackets, a beanie and gloves are advised. The days are usually sunny and warm.
- **In summer:** bring a light jacket for those unexpected cold times.
- **Evening activities:** avoid soft, wooly jackets or tracksuits that will attract blackjacks.
- Denims and a smooth jacket, or smooth top over the jacket are advised.
- **Girls:** please avoid strappy or revealing tops, short tops that shows the midriff, see-through tops, skin tight clothes and shorts that are shorter than mid thigh length.
- One pair of smart casual clothes for the Agapè supper.
- One pair of smart, sabbath clothes for the sabbath service.

APPENDIX A

REQUEST TO ADMINISTER MEDICATION/VERSOEK OM MEDIKASIE TOE TE DIEN

Details of camper:

Surname/Van: _____

First Names/Voorname: _____

Date of Birth: _____ Age: _____

Medication to be administered/Medikasie wat toegedien moet word:

1. Name of medication/Naaam van medikasie:

Dosage and frequency/Dosis en toedieningstye:

Comments/Kommentaar:

2. Name of medication/Naaam van medikasie:

Dosage and frequency/Dosis en toedieningstye:

Comments/Kommentaar:

3. Name of medication/Naaam van medikasie:

Dosage and frequency/Dosis en toedieningstye:

Comments/Kommentaar:

In the case that my child/dependent uses regular medication, I understand that for the safety of the child and other camp goers, I will hand in a sufficient supply of the said medication with clear instructions regarding dose, dosage intervals and other information, together with a filled in copy of Annexure A, in a sealed packet. I understand that the camp facilitator/s who will be administering the medication are not medically trained, and herewith agree and accept that the facilitator/s, Mpati Bush Camp and its management and employees, Abundant Life and its management and employees, and the Seventh Day Adventist Church and it's conference, board and members shall be free from all liabilities and claims relating to any allergies, side-effects, interactions or complications that may result of the medication, administration of the medication, or accidental incorrect administration of such medication.

Signature of Parent/Guardian: _____

Date: _____

Place: _____