

# BUNDUBAZ ADVENTURE KIDS

## OCEAN WARRIORS • REGISTRATION FORM

Ages 6–15 years | Explore • Learn • Protect

### 1. CHILD / PARTICIPANT DETAILS

|                                             |                          |
|---------------------------------------------|--------------------------|
| Child's full name: _____                    | Preferred name: _____    |
| Date of birth: ____ / ____ / ____ Age: ____ | Gender (optional): _____ |
| Home address: _____<br>_____                |                          |

### 2. PARENT / GUARDIAN DETAILS

|                                    |                              |
|------------------------------------|------------------------------|
| Parent/Guardian 1 full name: _____ | Relationship to child: _____ |
| Mobile / WhatsApp: _____           | Alternative phone: _____     |
| Email address: _____               | ID / Passport no.: _____     |
| Parent/Guardian 2 full name: _____ | Relationship to child: _____ |
| Mobile / WhatsApp: _____           | Alternative phone: _____     |

### 3. EMERGENCY CONTACT

|                                 |                           |
|---------------------------------|---------------------------|
| Emergency contact name: _____   | Relationship: _____       |
| Primary emergency number: _____ | Alternative number: _____ |

### 4. SWIMMING & WATER CONFIDENCE

|                                                                   |  |
|-------------------------------------------------------------------|--|
| Can the child swim independently? ■ YES ■ NO ■ BEGINNER / LIMITED |  |
| Approximate swimming ability / distance: _____<br>_____           |  |
| Comfortable putting face in water? ■ YES ■ NO ■ UNSURE            |  |
| Snorkeling / scuba / swimming lessons before? ■ YES ■ NO          |  |
| If YES, details: _____<br>_____                                   |  |

### 5. MEDICAL & ALLERGY INFORMATION

Please provide complete and accurate information. This helps us plan safe activities and respond appropriately in an emergency.

|                                                                                   |  |
|-----------------------------------------------------------------------------------|--|
| Known allergies (food, medication, environmental, latex, etc.):<br>_____<br>_____ |  |
| Reaction / severity / treatment required: _____<br>_____                          |  |
| Medical conditions, disabilities or health concerns:<br>_____<br>_____            |  |
| Current medication (name, dosage and reason): _____<br>_____                      |  |
| EpiPen / inhaler / emergency medication? ■ YES ■ NO                               |  |
| If YES, details and where it will be kept: _____<br>_____                         |  |

### 6. MEDICAL INSURANCE / MEDICAL AID

|                                                                |                      |
|----------------------------------------------------------------|----------------------|
| Medical aid / insurance provider: _____                        | Plan / option: _____ |
| Membership / policy number: _____                              | Main member: _____   |
| Emergency / authorisation no. (if applicable):<br>_____        |                      |
| Preferred doctor / medical facility (optional): _____<br>_____ |                      |

### 7. ADDITIONAL INFORMATION

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| Dietary requirements / other allergies: _____<br>_____                                   |  |
| Anything else affecting participation, confidence or comfort in water:<br>_____<br>_____ |  |

## 8. PARENT / GUARDIAN CONSENT & DECLARATION

I, the parent / legal guardian named above, confirm that the information provided on this form is true and complete to the best of my knowledge. I understand that BunduBaz Adventure Kids activities involve water and outdoor environments and that participation is subject to appropriate safety procedures, instructor assessment and the requirements of the specific activity.

I confirm that I have disclosed all known medical conditions, allergies, medications and relevant health information. I understand that the parent/guardian is responsible for informing BunduBaz Adventures of any changes to the child's medical or swimming ability before participation.

I give permission for my child to participate in the registered BunduBaz Adventure Kids activities, subject to the applicable activity rules, safety briefing and consent/indemnity requirements.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full name: \_\_\_\_\_

## 9. PHOTOGRAPHY / VIDEO CONSENT

☐ YES – I consent to photographs/video of my child being taken during BunduBaz Adventure Kids activities and used for BunduBaz Adventures marketing/social media.

☐ NO – I do not consent to my child being photographed/videoed for marketing purposes.

Parent/Guardian initials: \_\_\_\_\_

## 10. BUNDUBAZ ADVENTURES – OFFICE / INSTRUCTOR USE

|                                                                                          |                                                                                        |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Registration received: ____ / ____ / ____                                                | Staff member: _____                                                                    |
| Activity / programme: _____                                                              | Date: ____ / ____ / ____                                                               |
| Swimming ability checked: <input type="checkbox"/> YES <input type="checkbox"/> NO       | Medical information reviewed: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Emergency information verified: <input type="checkbox"/> YES <input type="checkbox"/> NO | Additional notes: _____                                                                |

**BUNDUBAZ ADVENTURES • PORT EDWARD • LOWER SOUTH COAST KZN**

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