



## ADULT LEADERSHIP CAMP

Passport photo

### PARTICIPATION FORM

Email application to [4x4initiativefoundation@gmail.com](mailto:4x4initiativefoundation@gmail.com)

#### 1. Personal Information

Full Name of Participant: \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Age: \_\_\_\_\_  
Institution or Organization: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City? Town: \_\_\_\_\_

#### 2. Emergency Contact Information

Full Name of Emergency Contact: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

#### 3. Health Information

Does the participant have any allergies, medical conditions, or dietary restrictions?  
(Please specify): \_\_\_\_\_

Is the participant on any medication?

Yes ☐ No ☐

If yes, please provide details: \_\_\_\_\_

Does the participant have any disabilities that we should be aware of?

Yes ☐ No ☐

If yes, please provide details: \_\_\_\_\_

**Account Details: Name: Soda Consultancy Bank: FNB (Branch Code: 280-172) Acc No: 62276054443**

#### 4. Pre-existing Behavior and Actions (to be completed by Parent/Guardian)

1. **Behavioral History**

Have you been involved in any behavioral issues at home, school or in the community?

Yes ☐ No ☐

If yes, please specify the nature of the issue and any progress:

2. **Substance Abuse**

Have you ever had issues with substance use (e.g., alcohol, drugs,)?

Yes ☐ No ☐

If yes, please provide details on the situation and any progress made:

3. **Social Interactions**

How do you typically interact with your peers?

4. **Other Concerns or Issues**

Are there any other concerns or issues we should be aware of regarding you?

#### 5. Camp Preferences

Preferred T-shirt Size:

☐ Small ☐ Medium ☐ Large ☐ Extra Large

Has the participant attended any camps before?

Yes ☐ No ☐

If yes, please provide details: \_\_\_\_\_

#### 6. Camp Registration Fee

The registration fee for the Adult Leadership Camp is ***N\$2000-00*** for ***Phase 1***. This fee includes accommodation, meals, and activities for the duration of the camp. Please note that the registration fee is **non-refundable** in the event of cancellation unless the cancellation is due to medical or other exceptional circumstances (documentation may be required).

#### 7. Disclaimer and Indemnity

I, the undersigned, acknowledge that participation in the Adult Leadership Camp (ALC) involves physical activities, outdoor experiences, and other events that may carry risks of injury. I hereby

release the Adult Leadership Camp, its staff, and organizers from any liability in the event of an injury, loss, or damage to person or property, that may occur during the camp, except in cases of gross negligence or willful misconduct.

I confirm that I have provided accurate information about my health, behavior, and other relevant matters, including any disabilities, and I understand that this information will be used to ensure the safety and well-being of all participants.

By signing below, I also agree to the terms regarding the registration fee and indemnity clause.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### 8. For Camp Use Only

Date of Registration: \_\_\_\_\_

Registration Fee Paid: Yes ☐ No ☐

Special Requirements/Notes: \_\_\_\_\_

**Contact: Coach SB:** 0812400268 **Coach Kudana:** 0812247360 **Elizabeth:** 0818390536