



South African Scout Association Western Cape Province



Kon-tiki 2010

Troop Name		Team Number		Office use only
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Final Instructions to be sent via (please circle) POST FAX EMAIL **[Email Preferred]**

Name			Rank	
Address				
			Code	
Ph (h)		Cell		
Ph (w)		Fax		
Email				
COH Chair Sign			Troop Scouter Sign	

For teams that are camping at the Base: Name & Mobile number of adult-in-charge, (Scouter or non-uniformed adult) who will be at the Base the whole weekend and assume responsibility for the campers.

Name (Adult-in-Charge)		Mobile No during weekend	
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Mixed Gender? (Y/N)**	Tick	Cost	TOTAL
Raft Team 1		R100	
Fringe Team 1*		R80	
Campsite 1 *		R70	
Campsite 2 *		R70	
T-Shirts (Quantity)	XXL	R60 each	
	XL		
	L		
	M		
	S		
Golf Shirts (Quantity)	XXL	R80 each	
	XL		
	L		
	M		
	S		
Lanyards		R20	
Badges		R18	
TOTAL COST			
Proof of payment attached.			

Payment for entries must accompany the applications.

Payments are non-refundable.

IMPORTANT: All cheques to be made payable to: Sea Scout Base and posted to: Kon-Tiki, Sea Scout Base, PO Box 30934, Tokai, 7966 OR paid directly into bank account, details as follows and details of the deposit FAXed to the Base.

ACCOUNT:	Sea Scout Base
BANK:	Nedbank
BRANCH:	Tokai
ACCOUNT NO:	1043.049215

NO ENTRIES WILL BE COLLECTED FROM PROVINCIAL HQ. ALL ENTRIES MUST BE HANDED IN OR POSTED TO SEA SCOUT BASE.

**** MIXED GENDER TEAMS – PLEASE ENSURE YOU COMPLETE ALL NECESSARY FORMS ATTACHED.**

*** Only if the Troop/Company has entered a raft**

A SEPARATE ENTRY FORM MUST BE COMPLETED FOR EACH RAFT/FRINGE TEAM COMBINATION AND EXTRA FRINGE TEAMS. Please phone Sea Scout Base if you do not receive acknowledgement of entry

NOTE: A COMPETITION BOOK WILL NOT AUTOMATICALLY BE POSTED TO ENTRANTS. PLEASE CONTACT THE SEA SCOUT BASE IF YOU REQUIRE A BOOK TO BE POSTED TO YOUR POSTAL ADDRESS.

ENTRIES TO BE RECEIVED NO LATER THAN CLOSING DATE 06 FEBRUARY 2010

OFFICE USE ONLY	Payment Received:		Receipt Number:	
			Campsite Numbers:	
	T-Shirts Paid for:		Badges Paid for:	

CAMPSITE/ENTRY ENQUIRIES: Stef or Julie Terblanche Tel/Fax: 021 788 7581 **WEB:** <http://www.kontiki.za.org>

COMPETITION ENQUIRIES: Robbie Owen: Tel: 021 671 8131 / 083 560 5589 E-Mail robbie@fbvsurvey.co.za



Raft Team Information

KINDLY COMPLETE THIS SHEET AND HAND IN TO INFORMATION DESK ON ARRIVAL AT BASE ON FRIDAY. **PLEASE NOTE REQUIREMENT FOR TROOP SCOUTER/COMPANY GUIDER TO ENDORSE THIS LIST AT BOTTOM OF FORM.**



AN INDEMNITY/PARENT CONSENT FORM FOR EACH TEAM MEMBER MUST ACCOMPANY THIS FORM PLEASE. EACH MEMBER MUST HOLD THEIR SWIMMING BADGE FOR SCOUTS OR GUIDES.

PLEASE PRINT:

NAME OF TROOP/COMPANY: _____

TEAM RAFT NUMBER: _____

		AGE	GENDER		DATE OF BIRTH		
			M	F	DD	MM	YY
TEAM LEADER	1				DD	MM	YY
TEAM MEMBERS	2				DD	MM	YY
	3				DD	MM	YY
	4				DD	MM	YY
	5				DD	MM	YY
	6				DD	MM	YY

**NB: THIS LIST COUNTS FOR POINTS - SCRAP PAPER NOT ACCEPTABLE
HAND THIS FORM INTO THE KON-TIKI INFORMATION CENTRE WHEN YOU ARRIVE.**

SIGNED: _____
TEAM LEADER

TROOP SCOUTER/COMPANY GUIDER ENDORSEMENT (Must be completed before entry is accepted)

I do hereby confirm that the team list of members who will be on the raft during the Kon-Tiki competition is correct and each of these members holds the necessary Swimming badge.

PRINT NAME	SIGNATURE	DATE

Cell Phone Registration Form



TO BE COMPLETED AND HANDED IN AT KON-TIKI HEADQUARTERS ON ARRIVAL AT THE BASE ON FRIDAY. MUST BE HANDED IN NO LATER THAN 21H00 ON FRIDAY.



THE CONTACT PERSONS CELL PHONE NUMBERS MUST BE FOR PERSONS ON THE RAFT AND AT THE BASE FOR THE DURATION OF THE EVENT. THE TROOP SCOUTER/COMPANY GUIDER INFORMATION MUST ALSO BE COMPLETED, WHETHER AT THE BASE OR NOT.

Ensure that you have sufficient air time for the weekend.

PLEASE PRINT:

NAME OF TROOP/COMPANY:

TEAM RAFT NUMBER:

RAFT CELL PHONE INFORMATION

CELL PHONE NUMBER

Team Leader	NAME	<input type="text"/>	NO.	<input type="text"/>
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Team 2nd	NAME	<input type="text"/>	NO.	<input type="text"/>
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FRINGE TEAM CELL PHONE INFORMATION

CELL PHONE NUMBER

Team Leader	NAME	<input type="text"/>	NO.	<input type="text"/>
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Team 2nd	NAME	<input type="text"/>	NO.	<input type="text"/>
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CAMPERS CELL PHONE INFORMATION

Adult-In-Charge Name:

Cell Phone Number

TROOP SCOUTER/COMPANY GUIDER CELL PHONE INFORMATION

Scouter/Guider Name:

Cell Phone Number

Must be handed in no later than 21h00 on Friday



SOUTH AFRICAN SCOUT ASSOCIATION

PARENT CONSENT AND INDEMNITY

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To The Scouter In Charge _____ Group.

I, _____
being the parent / legal guardian of _____,
a member of the _____ Group,
hereby request you to allow him to take part in a camp / excursion to be held at

Sandvlei

from **19 March 2010** to **21 March 2010**

I hereby appoint and authorise the Scouter in charge to act in my place as parent with full authority to consent to my son/daughter/ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment. I fully understand and accept that all activities are undertaken at my son/daughter/ward own risk.

I am aware that neither the Scout Association of South Africa nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my son/daughter/ward may sustain whilst engaged in any activity on the course and I waive any right that I or my son/daughter/ward may have to claim compensation against the Scout Association of South Africa or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

Address _____

Signed _____
Legal Guardian

Date _____

I hereby give consent for my son/daughter/ward to participate in water activities (should there be any) at the above mentioned camp / excursion.

Signed _____
Legal Guardian

Date _____



SOUTH AFRICAN SCOUT ASSOCIATION PARENT CONSENT AND INDEMNITY

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In the case of an emergency it is vital that the Scouter In Charge has as much personal information as possible. It is to your own benefit to fill this in completely and accurately!

Details of Scout

Full Names _____ Date of Birth _____ Age _____

Allergies _____

Medication
(specify times /
dosage / etc) _____

Previous medical conditions or any other medical conditions you feel are of relevance

Infectious Diseases _____

Physical Disabilities _____

Special Dietary Requirements _____

Parents Contact Details

Fathers Details

Mothers Details

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Contact First (tick)

Alternatively contact _____

Doctor & Hospitalisation

Home Doctor _____

Phone _____

Preferred Hospital _____

Medical Aid _____

Membership No. _____