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# AXIS SUMMER CAMP 2025

Our destination is the Kwalata Adventure Camp situated in the Dinokeng Game Reserve, just over one hour away in Hammanskraal. To ensure that this experience has the biggest impact on your child's life, all Cellphones, iPods, Handheld Video Games and any other Electronic Devices (excluding Cameras) will be taken on arrival and kept in safe keeping. Not to worry though, we will keep you updated throughout the camp using a Whatsapp Group for all parents.

**Departure:** Monday 06 January 2025 at 9am.

**Return:** Wednesday 08 January 2025 at 10am.

**Early Bird Rate** (expires 01 December 2024): R1,450 per person.

**Regular Rate** (starts on 02 December 2024): R1,750 per person.

This includes breakfast, lunch and dinner (six meals in total), big-5 game drives, accommodation, camp booklet, transport and all activities below. There is a Tuckshop in the camp which serves cool drinks and snacks, so pocket money can be brought with as an added expense.

**ALL EARLY BIRD PAYMENTS TO BE PAID IN FULL BY SUNDAY, 01 DECEMBER 2024.**

WORSHIP

BIG 5 GAME DRIVES

DELICIOUS FOOD

CABIN ACCOMMODATION

OUTDOOR DEVOTIONS

EXTREME MUD PIT RACE

TEAM BUILDING ACTIVITIES

LEADERSHIP DEVELOPMENT

BAPTISMS

STARGAZING

ADVENTURE COURSE

## CHECKLIST

- Bible
- Pillow
- Towel
- Old Clothes
- Warm Jacket
- Takkies, Slops & Hat
- Swimming Costume
- Allergy Medication (if needed)
- Prescribed Medication (if needed)
- Toiletries: Shampoo, Soap, Toothbrush, Toothpaste

- Torch
- Camera
- Binoculars
- Water Bottle
- Dish washing cloth
- Mosquito Repellent
- Tuckshop Pocket Money
- Sun Block (SPF 30 or higher)
- Sleeping Bag / Duvet Blanket
- Cutlery: Knife, Spoon, Fork, Plate, Bowl, Cup

## ADDITIONAL INFO

**Kwalata Adventure Camp** (Type into maps for directions)

**Co-ordinates:** S25.38990 E28.32190 (Google Maps)

**Landline:** 010 007 3749

**Website:** <http://camps.kwalata.co.za>

**Camp Manager:** Trevor 083 468 5514

**Youth Leader:** Rico 076 569 1980



SCAN HERE TO PAY

## BANKING DETAILS

Account Name: **The Life Church South Africa**

FNB Branch Code: **250 - 655**

Account Number: **6250 - 6220 - 144**

Reference: **[Student Name] + Summer Camp**

**ALL EARLY BIRD PAYMENTS TO BE PAID IN FULL BY SUNDAY, 01 DECEMBER 2024.**

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Protocols & Safety Documents 2019 ©  
Amended Covid 2020/09.  
Amended POPI Act 2013.  
Amended 2022 Covid.  
Amended 2023 Liquor.  
Amended 2023: Swimming.

## CONSENT FORM



I (full names of parent/legal guardian) \_\_\_\_\_ being the parent/legal guardian of \_\_\_\_\_ hereinafter referred to as 'student', a student from Axis youth ministry of The Life Church South Africa, hereby permit him/her to partake in the activity/camp referred to below.

**Camp/Activity:** Kwalata Adventure Camp: Leadership | Adventure

**Date/Duration:** Monday 06 January to Wednesday 08 January 2025.

**Location/Venue:** Kwalata Adventure Camp, 134 Klipdrif, Dinokeng Game Reserve, Hammanskraal, Gauteng 0400.

Participation in the programs presented carries risk for the participants. The nature of programs at the Adventure Camp is considered a <Low-Risk FIELD 1 Adventure based Learning, Restricted Level of Training to master low Risk Challenges for Adventure Recreation Program Guide Level 1: ARA>. (We all have level 2 Guides).

While Kwalata Adventure Camp takes reasonable precautions against foreseeable risks, both the nature of the programs and accidents make it impossible to ensure the complete safety of participants. Some examples of risks are: heat exhaustion; twisting of ankles, being physical active, guided game drive in Big 5 reserve; program accidents and accidents while in transit to, from and during the adventure program. A risk assessment and S.O.P. are in place to minimise risk identified according to our HIRA baseline risk assessment. Signing this consent form means that you understand and accept the risks involved for your child. (An activity risks assessments is available from the organiser pertaining to the particular program.)

I hereby appoint and authorise the person in charge of organising the camp to act in my place as parent/guardian with full authority to consent to my school to take part in the camp program, undergo First Aid, and/or seeking medical treatment, treatment suggested (by surgeon) in case of medical emergency. Parents/legal guardians will first be contacted in the case of any emergency, only if the parents/legal guardians can not be contacted will the decision fall to the person in charge. I understand that all costs of such treatment be the parents/legal guardians responsibility. I fully understand and accept that all activities are undertaken at the camp at own risk.

I am aware that neither Kwalata, Kwalata Adventure Camp, nor its Directors, managers, facilitators or staff, agents, volunteers or any person associated with Kwalata Adventure Camp accept responsibility for any loss, injury or damage that the person or property of The Life Church South Africa may sustain whilst engaged in any camping program, including inter-alia transport to and from the activity/ camp. I hereby waive any right that I or The Life Church South Africa may have to claim compensation against Kwalata Adventure Camp, its Directors, managers, facilitators or staff, agents, volunteers or any person associated with Kwalata Adventure Camp, in respect of any loss, injury or damage incurred whilst engaged in any program activity.

I take note & authorise that photos, statements, audio - visual recordings, video and sound bites taken, recorded and collected from The Life Church South Africa during activities with Kwalata Adventure Camp may be used free of charge as part of our marketing/communication. The use of photos in accordance with (complying to the Children's Act Section 6A, Act 38, 2005 & Popi Act of 2013).

I am aware that:

- My son/daughter may be in a mixed gender group for purposes of the program activities
- The students will be accompanied/supervised by an adult facilitator of either gender.
- All bathroom amenities & sleeping arrangements are separate for boys/girls.
- Consent is given for participation in all activities listed on the program. Programs are designed to reach certain outcomes, these programs work because of the selected activities. Students will be encouraged to take part in all activities. Activities can not be selectively excluded or partially omitted.
- Activities are "challenge by choice", as prescribed by experiential learning model.
- A student will not be allowed on camp where a consent form has not been completed, signed & received. Documents will be kept for a five (5) year period. In accordance with the POPI Act 2013.
- This is an alcohol & drug free venue. Alcohol is not allowed and use (or possession) of banned substance are not allowed. Person and substances will be removed from premises.

Camp programs are designed with purpose, intent and fun. Programs and selected activities are presented to facilitate learning, ignite exploration, encourage risk taking - all in the spirit of respect, awareness of others, their differences and important, having FUN. (In case where behaviour of individual is contradictory to the above, students/adults will be requested to leave premises).

My child has permission to swim in a pool under supervision:  Yes  No

My child is able and has the skills to swim on his/her own without assistance:  Yes  No

### HEREBY MY CONSENT

Parent/Legal Guardian Signature: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_

Place signed at: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Alternative Number: \_\_\_\_\_



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## REGISTRATION FORM



### STUDENT DETAILS

Name & Surname: \_\_\_\_\_

Date of Birth: **DD / MM / YYYY** Gender: **M / F** Grade: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Do you have any Medical Conditions, Allergies or Dietary Requirements?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Medical Aid Scheme & Plan: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN DETAILS

Name & Surname: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### EMERGENCY CONTACTS

1) Name & Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

2) Name & Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

### INDEMNITY

If my (parent/legal guardian) child has medical conditions, which may be relevant to a physician in the event of any emergency, I have listed them above. In the event of an emergency, I may be reached on the contact number above. If my emergency contacts or I cannot be reached, I hereby authorize The Life Church South Africa's Axis Director to make emergency decisions for my child.

I understand and hereby agree to assume all of the risks, which may be encountered on this activity, including activities preliminary and subsequent thereto. I do hereby agree to hold The Life Church South Africa, and its agents and employees, not responsible from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which may arise in the future, connected with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the province of Gauteng, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstand, continue in full legal force and effect. This release contains the entire agreement between parties hereto and the terms of this release are contractual and not mere recital.

I, furthermore, do not hold The Life Church South Africa, Axis Director, or any leaders responsible for the loss of any personal property via theft, accidental loss, damage, left behind, destroyed, from any Axis service, trip, event, or group hang out. I do not expect any loss replacement or money to replace any items that were lost, stolen, or destroyed from any event, service, trip or group hosted by The Life Church South Africa.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understood.

### DISCIPLINARY AGREEMENT

I (parent/legal guardian) understand that, while my child participates in any regularly sponsored activities, he/she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by a student may result in dismissal from the program. In the event my child is dismissed from the program, I agree to assume the cost of returning my child to his/her home. I also agree to forfeit any possible refund. I understand that such action would only be taken under special circumstances and only after direct consultation with my child's Axis Director.

### HEREBY MY CONSENT

Parent/Legal Guardian Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Place signed at: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

### FOR OFFICE USE

Name on Class-list:

Received by: \_\_\_\_\_

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