



Programme Information					
Programme:	Silver Hike				
Date(s):		Venue	FALCON ROCK		
Facilitator(s)					
The President's Award Information					
Level currently doing : Bronze / Silver / Gold		Unit name : school, Youth Centre, Organisation etc.			
Personal Information					
Name:					
Date of Birth:		Gender:		Marital Status:	
Address:					
Occupation:				Employer:	
Telephone:	Home:		Work:		
Mobile:		E-mail:			
Do you have previous experience within TPA?				If YES, please specify	
Emergency Information: In case of emergency please notify:					
Name:			Relation:		
Address:					
Telephone:	Home:		Work:		
Mobile:		E-mail:			
Alternatively:					
Name:			Relation:		
Address:					
Telephone:	Home:		Work:		
Mobile:		E-mail:			
Medical Information:					
Do any of the following apply to your past or present medical history (please mark with x)					
Allergies	Asthma	Chest pains	Diabetes	Dizziness/Fainting	Epilepsy
Hearing Problems	Heart Disease	Muscular/Skeletal Problems	Sight Problems	Respiratory Problems	
Other (please specify) _____					
If you have marked any items above, please elaborate:					
Please list all chronic medication you are currently taking:					
Your Doctor's Name:				Telephone:	
Hospital:				Private or Public/State (indicate)	
(Note: If you have to be hospitalized in case of emergency and you do not have a medical aid fund the hospital costs are for your own account.)					
Any additional information:					

In case of emergency I hereby authorise my Guide, Instructor or any of The President's Award for Youth Empowerment personnel to supply me with first-aid treatment to their own judgment and to act on my behalf to secure medical treatment and/or emergency evacuation.

FULL NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE