



RADIO TYGERBERG 104FM 4X4 CHALLENGE

REGISTRATION FORM

(fundraising for Quasar House)

ABOUT YOU

Give forename and surname as they appear on your ID/passport please

Title:

Team Name:

Surname:

Known As:

Address:

Home Phone:

Mobile 1:

Mobile 2:

Post Code:

Email:

Please tick the box if you are happy for us to email you with details of forthcoming events and activities, we think you might be interested in:

Occupation:

Employer:

Business:

EMERGENCY CONTACT

Title:

Team Name:

Surname:

Known As:

Address:

Home Phone:

Mobile 1:

Mobile 2:

Post Code:

Email:

OTHER TEAM MEMBERS (MAX. 4 MEMBERS PER TEAM)

Member 2:

Member 3:

Mobile:

Mobile:

Email:

Email:

Member 4:

Mobile:

Email:

ARE YOU AWARE OF A PRE-EXISTING MEDICAL CONDITION?

If you have a pre-existing medical condition you **MUST** ask your doctor to sign this form confirming you are fit to undertake this challenge.

YOUR GENERAL HEALTH

Please state whether you have or have not got any of the following conditions, if you answer yes to any of these questions please provide further information regarding severity & treatment currently being undertaken.

CONDITION:		DETAILS:
Raised blood pressure	<input type="text" value="Yes / No"/>	<hr/>
Heart or circulatory disease	<input type="text" value="Yes / No"/>	<hr/>
Epilepsy and / or fainting attacks	<input type="text" value="Yes / No"/>	<hr/>
Chest or lung disease	<input type="text" value="Yes / No"/>	<hr/>
Vertigo	<input type="text" value="Yes / No"/>	<hr/>
Diabetes	<input type="text" value="Yes / No"/>	<hr/>
Joint or back injuries / problems	<input type="text" value="Yes / No"/>	<hr/>
Allergies (Hay fever, dietary, chemicals, drugs etc)	<input type="text" value="Yes / No"/>	<hr/>
Asthma, bronchitis and / or other short-ness of breath?	<input type="text" value="Yes / No"/>	<hr/>
Cerebral disease? (e.g. stroke, head injuries etc)	<input type="text" value="Yes / No"/>	<hr/>
Surgical operations (last 5 years)	<input type="text" value="Yes / No"/>	<hr/>
Haematological or blood disorder	<input type="text" value="Yes / No"/>	<hr/>
Are you pregnant?	<input type="text" value="Yes / No"/>	<hr/>
Physical or other disability	<input type="text" value="Yes / No"/>	<hr/>
Carrier of infectious diseases	<input type="text" value="Yes / No"/>	<hr/>
Migraine	<input type="text" value="Yes / No"/>	<hr/>
Hospitalised in the last two years	<input type="text" value="Yes / No"/>	<hr/>
Any illness or conditions not already mentioned	<input type="text" value="Yes / No"/>	<hr/>

DIETARY REQUIREMENTS

Member 1:

Member 2:

Member 3:

Member 4:

VEHICLE DETAILS

Make & Registration number

PAYMENT DETAILS

Bank: Absa

Account Name: Quasar Trust

Account Number: 1002232894

Account: Cheque

Branch code: 632005

Reference: QT4*4 Name and Surname

Send proof of payment to quasartrust@gmail.com

BASIC RULES AND REGULATIONS

1. Right of admission is strictly reserved.
2. Do not litter (including toilet paper) Keep the area and facilities clean. Take out what you bring in.
3. Stay on the roads, tracks, and trails always.
4. Damage to private property is strictly condemned.
5. No pets allowed.
6. Use water sparingly.
7. Fires are only permitted in the designated braai place.
8. Bushmen paintings may not be damaged or touched.
9. Fauna and flora may not be damaged or removed.
10. Wildlife may not be disturbed or busted.
11. Cutting of trees and gathering of firewood is prohibited.
12. Firing of firearms is strictly prohibited.
13. No rowdiness or foul language will be tolerated on the trail or in the campsites.
14. Do not use soaps or detergents in or near rivers or mountain streams.
15. Always respect the other participants.
16. No radios or music allowed in the trail and in the campsite.
17. NO ALCOHOL MAY BE USED BY EITHER THE DRIVER OR THE PASSENGERS WHILST ON ROUTE.
18. PARTICIPANTS ARE USING THE ROUTE, AREA, AND FACILITIES AT THEIR OWN RISK.

INDEMNITY

I, the undersigned, accept that the activity I am going to take part in may be dangerous. I therefore indemnify without reservation. The organizers, BIEDOUW 4x 4 or their employees and property owners of the employees over whose property I and/or my passengers will traverse, against any claim that may follow result of injuries or damaged to any property, person or passenger who may accompany me on the route/excursion, as well as any negligence on my side or on the side of my passengers, BIEDOUW, their employees or representatives or any other person.

DATE FOR WHICH BOOKING IS MADE _____

Driver's surname _____ First name _____ DOB _____

Wife: Passenger's name _____ DOB ____ Child Name _____ Age ____

Adult: Passenger's name _____ DOB ____ Child Name _____ Age ____

Adult: Passenger's name _____ DOB ____ Child Name _____ Age ____

Adult: Passenger's name _____ DOB ____ Child Name _____ Age ____

Language: (X) _____ Other _____

Telephone: Work _____ Home _____ Cell _____

Email Address (Work) _____ Fax _____

Email Address (Home) _____ Fax _____

Address _____ Postal Code _____

Vehicle: Make _____ Diesel/Petrol _____ Reg. Nr. _____ Colour _____

4 x 4 EXPERIENCES: How would you rate yourself? (x)

1 2 3 4 5 6 7 8 9 10

For more information, please contact

Jacques de Beer
Tel: 0792644473
WhatsApp:
0768176148
Email POP
quasartrust@gmail.com