

Personal Information Sheet

Surname: _____

First Name(s): _____

Gender: Male Female Date of birth (DD/MM/YYYY): _____ / _____ / _____

Identity number or Passport number (if applicable): _____

Medical Information

Medical Aid Provider: _____

Account Number: _____

Known Allergies: _____

Prescription Medications: _____

Medical Concerns:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> ADHD	<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Anxiety

Other Medical Concerns: _____

Emergency Contact Info

Emergency Contact Name: _____

Telephone number: _____ Relationship: _____

Statement

I, _____, declare that, to the best of my knowledge, all the particulars supplied by me in this form are true, complete and correct.

1. I agree to familiarize myself with and abide by all the rules and regulations applicable to the trip for which I am enrolling, including the disciplinary procedures.
2. I have read and agree to operate and abide by the SIM Statement of Faith.
3. I accept the responsibility of raising the total support requirement. Failure to pay the full support amount may result in removal from the team.
4. I allow photographs and/or media of me to be used on TMN's social media, website, and other marketing platforms where the purpose is to advertise TMN's services.

Signature _____ Date _____