



Be the Best that You can Be

Cedarwood School College

113-117 Dunmaglass Road, Glenferness
PO Box 812, Witkoppen, 2068
Telephone: (011) 465 9830, (011) 467 4889, (011) 467 4657 / 072 617 5291
Fax: 086 654 9727
E-mail: collegehead@cedarwoodschool.co.za
www.cedarwoodschool.co.za

8 April 2019

Dear Senior Phase Parents

This year the Grade 7s, 8s and 9s will be going on camp from the 8th to 11th October. All pupils will be going to Konka Camp ([http:// www.konka.co.za](http://www.konka.co.za)). Konka is a school camp located near Brits. The programme offers teambuilding and leadership activities, which includes obstacle courses, raft building and low rope activities. The College has a great relationship with the Camp and their facilitators have always created a wonderful connection with our pupils.

We would like to leave school at 08h00 on Tuesday the 8th October and we will return to school by 11h00 on Friday, 11th October. The cost will be R2000 per child. This includes three nights' accommodation, all meals, activities, and the bus transport to and from the venue. However, pupils will be required to provide their own sleeping bag OR bedding and pillow.

School camps are part of the curriculum and are therefore compulsory. Please return the completed indemnity form and medical form to your child's register teacher with the proof of an EFT payment to Cedarwood School before 1 August 2019. Please ensure that the transfer has a clear reference (e.g. Pupil name - School Camp).

If you have any questions, please feel free to contact me on rdacruz@cedarwoodschool.co.za.

Yours sincerely

Miss Roxanne da Cruz
Head of Senior Phase



CEDARWOODSCHOOL
(Association incorporated under Section 21 - not for gain)
Fundraising Number: 01 101753 000 2
Co registration number 1997/018168/08
Umalusi Accreditation No. 17 SCH01 00304



Items to Bring (Own bedding option)



Thank you for choosing Konka

All participants must bring the following items:

- Sun hat/cap
- Sunscreen
- Water Bottle
- Old clothes for duration of camp
- Running Shoes/Walking Shoes
- Torch
- Swimwear
- Own Medication
- Insect Repellent (optional)
- Rain Coat
- Warm Jacket or Tracksuit
- Pocket Money
- Musical Instrument (optional)
- Towel and Toiletries
- A smile

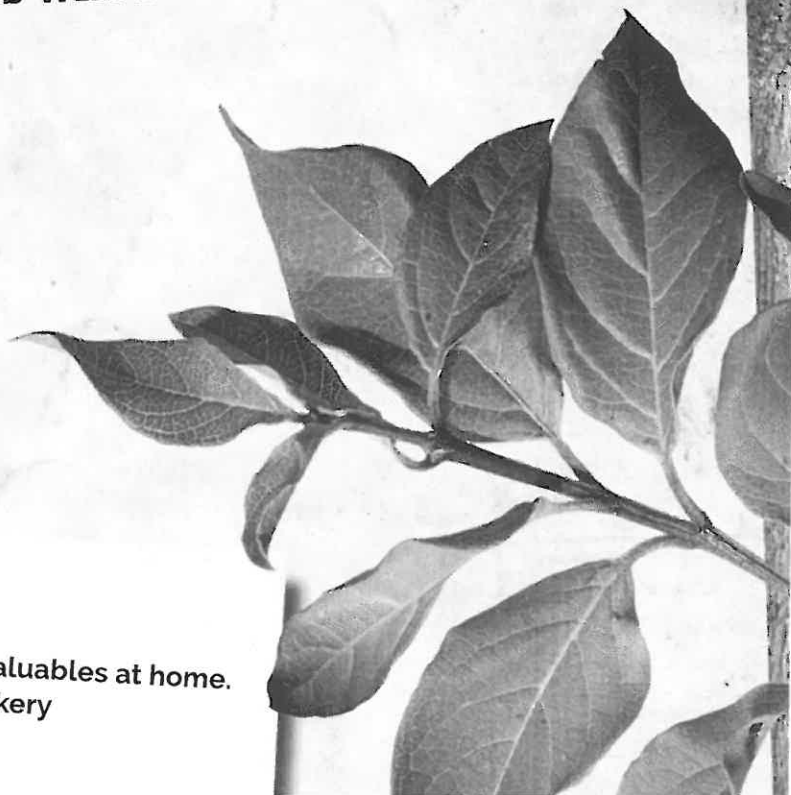


The following items are not allowed. Any person not abiding by the rules will be asked to leave the farm immediately:

- Cellphone
- Radio
- Ipods
- Cigarettes/drugs
- Matches
- Lighters
- Alcohol
- Firearms and weapons

Please Note:

- No safety deposit boxes, please leave all valuables at home.
- We provide the following: cutlery and crockery
- Provide your own bedding





www.konka.co.za

☐☐☐☐ ☐☐☐☐
A SOUL ADVENTURE

www.konka.co.za

CORPORATE - WEDDINGS - SCHOOLS
BOOKINGS: 072 289 7466
FAX: 086 572 7408
E-MAIL: anita@konka.co.za

PO Box 120 | Waterfall Mall | 0323

GENERAL
OFFICE: 014 597 5955/6/7/8
FAX: 086 524 4640
E-MAIL: office@konka.co.za

MEDICAL FORM

This form must be completed by the parent or guardian of the participant visiting Konka.

PARTICIPANT'S DETAILS			
Participant's Full Name			
Participant's Date of Birth		(dd/mm/yy)	
Father / Guardian Name		Mother / Guardian Name	
Tel (H)		Tel (H)	
Tel (W)		Tel (W)	
Cell		Cell	

ALTERNATIVE CONTACT PERSON				
Name				
Relation to participant				
Tel (H)		Tel (W)		Cell

MEDICAL AID DETAILS				
It is important that all participants have adequate medical cover. Select with X where applicable.				
Medical Aid		Medical Insurance		Hospital Plan
				Travel Insurance
Medical Aid				Fund Number
Type of Fund				Main Member
MEDICAL CONDITIONS				
Mark with X where applicable				
ADHD		Heart problems		Bleeding
				Asthma



P. Maritz

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Create a Crowd (Pty) Ltd. t/a KONKA
Company Reg No: 2007/029973/07
VAT No: 4490231315



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Epilepsy		Allergies (provide details)		Other	
Description of any medication the participant will take during his/her visit to Konka:					





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GENERAL AND TRAVEL INDEMNITY FORM

We, the undersigned

.....(full names)

in our capacity as Parents/Legal Guardians of the minor child

..... (full name)

1. Do hereby consent to him/her participating in all school approved activities and outings, including sporting and cultural outings ("activities and outings"). I hereby indemnify the school and its drivers or transport services used (drivers) from any claims demands or actions made in respect of the child arising out of any activity or outing.
2. We agree that the school will not be liable for any injury, loss or damages suffered by the child on or during or otherwise arising from any activity or outing.
3. We hereby authorise the Cedarwood School staff to act in parental capacity and exercise the required measures.
4. Subject to the limitations placed on the School's right to exclude liability in terms of Section 103 of the School education Act No 6 of 1995 (Gauteng Province), both parents jointly and severally indemnify the school, its employees and agents (for whom it may be found to be vicariously liable) against any claim of the pupil in respect of the event in question.

Signed

Parent/Guardian (1).....

(2)

Date _____

Emergency contact name (1)

Number

Emergency contact name (2)

Number



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