



Boland 90 Interclub Hiking Challenge - 2024

TEAM APPLICATION FORM 21-23 SEPTEMBER 2024

Team name:						
Category	Scholars	Veterans	Mixed	Ladies	Mens	Relay
Category for 2024 (Please make a tick (✓) beneath correct category)						
Has the team entered before? – Year						
Team is entering for the Boland 90 ULTRA challenge (90km - 3 days) 21-23 Sept 2024						
Team is entering for the Boland 90 challenge (60km - 2 days) 22-23 Sept 2024						
Teams is entering for the Boland 90 Junior challenge (8-10 km - day 3) 23 Sept 2024						
Team is entering for the Boland 90 ULTRA relay challenge (90km - 3 days) 21-23 Spt 2024 (Relay rules apply-see info brochure)						
Non-Team Entry (single persons or teams that are incomplete at date of entry)						

DETAILS OF TEAM MEMBERS

	Surname	Name	ID Number	Gender	DOB & age on 21 Sept 2024	Individual Boland 90 Challenges completed 92/ 93/ 94/95/96/97/98/99/ 00/ 01/02/03/04/05/06/07/21
1						
2						
3						
4						

NB. Completed means the completion of the full challenge in a particular year, irrespective whether the full team has completed the challenge or not.

HIKING EXPERIENCE DURING APRIL 2023 TO MARCH 2024

	Surname	Name	ID #	Name of Trail	Duration	Dates	OTHER COMMENTS
1							
2							
3							
4							

VERY IMPORTANT

*The BOLAND 90 is a prestigious event for the fit and skilled hiker. **Receipt of this application does not signify automatic acceptance.***

In accordance with the POPI Act we will set out the necessary standards regarding accessing and 'processing' of any personal information belonging to others. We agree to act in accordance with the act in

Boland 90 Interclub Hiking Challenge - 2024

terms of defining 'processing' as collecting, receiving, recording, organizing, retrieving, or the use, distribution or sharing of any such information.

Furthermore, we will ensure that all personal information is stored safely and not accessible to individuals that may misuse or share your information for any onerous intent.

1. Please read the information brochure, the instructions, rules and regulations therein as well as those contained in this application form carefully before completing and returning the application form.
2. All applicable forms must be completed in full and returned.
3. Make sure that your application is complete before returning it.
4. Make sure of all cut-off dates and post all requirements well in advance to reach the organizers before or on the particular cut-off date.
5. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

Applications, EFT payments and all other correspondence related to team matters must be addressed to:	BOLAND 90 team.entries@boland90.co.za
Forms and correspondence regarding marshals must be e-mailed to:	deon.holloway@boland90.co.za
Payments must be made payable to:	BOLAND 90 Interclub Hiking Competition NPC
Entry fee: R400 per person (Ultra), R350 per person for the day 60km challenge, R100 per person (Junior).	
Bank: Standard Bank Branch code: 000252 Account no.: 10177462874	
Reference team name as stated.	

INDEMNITY:

This serves as an understanding that each participants has read all the rules pertaining to the challenge and indemnifies the organizers against any damage or loss of whatever nature arising out of the above mentioned endurance challenge. I, the undersigned, hereby acknowledge that I have read all the information as supplied in this application form as well as the attached brochure.

The event name and logo are Trademarks of the event and participants are reminded that any unauthorized use thereof on any team branding, digital platform or otherwise without the prior permission of the event organizers are prohibited.

	Team Name	Signature (Parent signature)	Signature of Parent/Guardian if under 18 Yrs at start of event	Place of Signature	Date of Signature
	Participating Member				
1					
2					
3					
4					

CONTACT PERSON (Parent/s in case of minors)	
(All correspondence will be addressed to this person)	
Name & surname	
Postal address	
	Postal Code

Boland 90 Interclub Hiking Challenge - 2024

Telephone no. – home	
- work	
Cellular phone no.	
E-mail address	
N.B. Cell phone numbers will only be used in emergencies.	

Details of chaperone (in the event of parents unable to accompany hiker)	
Name and Surname	
ID Number	
Relationship to participant	

MARSHALS – Each Team is encouraged to supply one Marshal for the full duration of challenge. Scholar team chaperones therefore represent the team for the full duration of the event	
Name & surname	
Has the separate marshal nomination form been posted to the correct address?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>NB. All forms regarding marshals must be e-mailed to deon.holloway@boland90.co.za</i> <i>Should the team nominate more than one marshal, a separate nomination form is to be filled in for each marshal nominated.</i>	

POPIA

EMERGENCY CONTACT PERSON	
The contact person must be able to contact the relatives of the team members and the team marshal in case of any unplanned event. This person should not be one of the team-supporters present at the challenge. ONLY ONE CONTACT PERSON PER TEAM IS TO BE NOMINATED!	
Name and surname	
Home address	
Telephone no. – home	
- work	
Cellular no.	
E-mail address	

UNDERTAKING	
I, _____	the representative for the _____ team,
undertake, on behalf of the team, to abide by the rules of the BOLAND 90 INTERCLUB HIKING CHALLENGE.	
Signed on _____	2024



Boland 90 Interclub Hiking Challenge - 2024

Place

Signature

HEALTH QUESTIONNAIRE TO BE COMPLETED BY EACH TEAM MEMBER AND RETURNED WITH APPLICATION SET

NB. PLEASE PRINT!

Name of team:

Name of team member:

Identity number:

Age:

Gender: **M** **F**

Previously done Boland 90? **YES** **NO**

Known allergies:

Bee stings Antivenom
 Penicillin Other

Medications:

Regular:
 Occasional:

Previous medical history:

1.
2.
3.

Previous surgical history:

1.
2.
3.

Previous hospitalization:

1.
2.
3.

Medical requirements:

1. Orthopaedic – feet:
- back:
2. Medical (eg. asthma pumps):

Name & number of medical fund (if available):



Boland 90 Interclub Hiking Challenge - 2024

Signature:

(Teams are requested to make copies of this page only so that each participant fills in his/her own health questionnaire)

SCHOLAR SECTION / SKOLIERE AFDELING

CHAPERONE: LETTER OF CONSENT / BEGELEIER: BRIEF VAN TOESTEMMING

**TO BE COMPLETED BY EACH COMPETITOR'S PARENT / GUARDIAN
MOET VOLTOOI WORD DEUR ELKE DEELNEMER SE OUER/VOEG**

**NO CHAPERONE SHOULD COMPLETE THIS FORM
GEEN BEGELEIER MOET HIR DIE VORM VOLTOOI**

We, the undersigned, hereby give consent that the person mentioned hereafter, may act as chaperone of the (name of team) team, and thereby the individual team members, during the 2024 BOLAND 90 INTERCLUB HIKING CHALLENGE. He/she has plenary power to act to the best of his/her abilities and to take decisions he/she see necessary to do in regard to individual members of the team or the team as an unit. He/she will be present for the duration of the event.

Ons, die ondergetekendes, gee hiermee toestemming dat die persoon hierna genoem, as begeleier mag optree van die (naam van span) span, en daarmee die individuele spanlede, gedurende die 2024 BOLAND 90 UITDAAGSTAP. Hy/sy het volmag om na die beste van sy/haar vermoëns op te tree en besluite na goeddunke te neem t.o.v. die individuele spanlede sowel as die span as geheel. Hy/sy sal vir die duur van die gebeurtenis teenwoordig wees.

Chaperone / Begeleier:

Name / Naam:

Address / Adres:

.....

.....

Association with team: parent/guardian/teacher/other:

Verbintenis met span: ouer/voog/onderwyser/ander:

THIS SECTION IS TO BE SIGNED BY EACH PARENT/GUARDIAN.
HIERDIE AFDEELING MOET DEUR ELKE OUER/VOEG VOLTOOI WORD.

	Name of parent / guardian Naam van ouer / voog	Parent/Guardian Signature / Handtekening van Ouer/Voeg	Name of team member / Naam van spanlid
1.			
2.			
3.			
4.			