

## Marshal Application Form

<b>Name of team:</b>	<input style="width: 100%;" type="text"/>					
<b>Name &amp; surname</b>	<input style="width: 100%;" type="text"/>					
<b>Postal address</b>	<input style="width: 100%;" type="text"/>					
	<input style="width: 100%;" type="text"/>					
	<input style="width: 100%;" type="text"/>					
<b>Postal code</b>	<input style="width: 90%;" type="text"/>					
<b>Telephone – home</b>	<input style="width: 100%;" type="text"/>					
<b>Cellular phone no.</b>	<input style="width: 100%;" type="text"/>					
<b>E-mail address</b>	<input style="width: 100%;" type="text"/>					
<b>T-shirt</b>	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
<b>Are you a Vegetarian?</b>	<input type="checkbox"/> YES / <input type="checkbox"/> NO					
<b>Will attend orientation weekend ONE</b>	<input type="checkbox"/> YES / <input type="checkbox"/> NO		<b>21 – 23 April 2023</b>			
<b>Will attend orientation weekend TWO</b>	<input type="checkbox"/> YES / <input type="checkbox"/> NO		<b>19 - 21 May 2023</b>			
<b>Will attend orientation weekend THREE</b>	<input type="checkbox"/> YES / <input type="checkbox"/> NO		<b>23 – 25 June 2023</b>			
<b>Will attend orientation weekend FOUR</b>	<input type="checkbox"/> YES/NO		<b>21- 23 July 2023</b>			

I hereby declare that I am an experienced hiker and that I am reasonably fit and in good health. I undertake to participate in ALL the prescribed marshal training activities as deemed by the organizers and to be present for the full duration of the challenge and that I will be available to perform the duties that may be expected of me.

**Signature**

Should the team nominate more than one marshal, this page should be duplicated and filled in for each marshal nominated.

**Important: This form together with the marshal indemnity and the marshal health questionnaire, must be e-mailed to [deon.holloway@boland90.co.za](mailto:deon.holloway@boland90.co.za) All questions regarding marshals should be addressed to the Chief Marshal, Deon Holloway, on 0839952041.**

## Marshal Indemnity Form

**Important:**

Each marshal must complete an indemnity form. These forms should be handed in before or on 21 April 2023. No marshal will be allowed to participate unless the indemnity form is completed in full and in the possession of the organisers.

I, the undersigned, hereby undertake to participate in the 2023 BOLAND 90 INTERCLUB HIKING CHALLENGE at my own risk and to indemnify the aforesaid organisations against any damage or loss of whatever kind arising out of the above-mentioned endurance hike.

Name (print):	
Signature:	
Signature of parent / guardian ( <i>minor under 18 years old</i> ):	
Date:	

## Marshal Health Questionnaire

**NB. PLEASE PRINT WHERE APPLICABLE!**

Name of marshal: .....

Identity number: .....

Vaccination certificate

#: .....

Or PCR test results: .....

Age:

Sex:  M  F

### Known allergies:

Bee stings  Antivenom

Penicillin  Other

### Medications:

Regular: .....

Occasional: .....

### Previous medical history:

1. ....

2. ....

3. ....

### Previous surgical history:

1. ....

2. ....

3. ....

### Previous hospitalisation:

1. ....

2. ....

3. ....

### Medical requirements:

1. Orthopaedic – feet: .....

– back: .....

2. Medical (eg. asthma pumps): .....

Name & number of medical fund  
(if available):

.....

Signature: .....