

Arkitrek Camp Booking Form

Arkitrek Sdn. Bhd. (831925-W)

DBKK Shophouse No.360, Lot 2, 1st Floor, Lorong Pokok Kapas, Taman Faber, 88300, KK, Sabah



Camp Details

Camp that you are applying for

Eg. Arkitrek Camp Jan 2012 (Mantanani)

Personal Details - PLEASE COMPLETE ALL INFORMATION IN BLOCK CAPITALS

Name

As it appears in your passport

Surname / Family Name

Given names

Address

All correspondence will be sent to this address

Postcode / ZIP code

Country

Identity

Passport or IC Number

Nationality

Date of birth
(DD/MM/YYYY)

Gender (M/F)

Contact

Telephone (landline)

Telephone (hand-
phone / mobile)

email

1st Emergency Contact

Relationship

Title/s (Mr, Mrs, Ms,
Dr etc)

Surname / Family
Name

Given names

Address

Postcode / ZIP code

Country

Telephone (landline)

Telephone (hand-
phone / mobile)

email

2nd Emergency Contact

Relationship

Title/s (Mr, Mrs, Ms,
Dr etc)

Surname / Family
Name

Given names

Address

Postcode / ZIP code

Country

Telephone (landline)

Telephone (hand-
phone / mobile)

email

Payment

A non-returnable 10% deposit is payable on booking. We accept cheques, bank transfer or cash payment direct to bank account. Please make cheques payable to Arkitrek Sdn Bhd.

Please post cheques to:
Arkitrek Sdn. Bhd.
DBKK Shophouse No.360,
Lot 2, 1st Floor, Lorong Pokok Kapas,
Taman Faber, 88300, KK, Sabah

Direct payments should be made to the following account (please advise once you have made payment so that we can confirm receipt)
HSBC Malaysia
Account Name: Arkitrek Sdn Bhd
Account No: 392-201190-101
SWIFT Code: HBMBMYKL

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Medical Questionnaire

It is essential for us to know of any such condition for planning purposes. The following questions have been developed to provide information that may be helpful in assisting us in any medical situation involving you. With this in mind you are requested to provide all relevant details at this time and to advise us of any changes in your health/ fitness between now and the Camp. Please use a separate sheet if necessary. Insurance cover is subject to full disclosure, failure to disclose any pre-existing medical condition may invalidate any insurance. If you are uncertain of any health matter please consult your own Doctor before booking

1. Do you or have you ever suffered from the following? (please circle as necessary)

Epilepsy/fits or blackouts	NO	YES	Heart/chest or lung problems	NO	YES
Diabetes	NO	YES	Blood disorders	NO	YES
Recurrent ear or sinus problems	NO	YES	Anxiety/depression or eating disorders or had to see a psychiatrist	NO	YES
Problems with mobility/lifting/carrying	NO	YES			

If you answer 'YES' to any of the questions please provide further details, use an additional sheet if necessary.

2. Do you have asthma?

If yes have you:

a) needed hospital treatment for this, please state when and provide details	NO	YES
b) needed steroid tablets. Please list inhalers and other medicines used	NO	YES

3. Have you had any of the following: (If yes please provide further details using an additional sheet if necessary)

a) any operations	NO	YES
b) any serious illness requiring hospital admission	NO	YES
c) a head injury with loss of consciousness	NO	YES

4. Do you take regular medication?

If yes please provide further details

5. Do you have any allergies (eg nuts/ penicillin). If yes please provide further details

6. Do you have any specific dietary requirements (eg Vegetarian, Dairy-free). If yes please provide further details

7. Other Information

Please add any further relevant information that may affect your ability to fully participate in camp activities

8. Can you swim 50 meters? NO YES

Security of information and use of images

To ensure the safe running of our Camp we need to use the information given on this form. We take full responsibility for ensuring that proper security measures are in place to protect this information when it is passed to our overseas subsidiary offices and third party suppliers (eg transport operators, etc). Any images taken of you whilst on our Camp, and images made available to us by you, may be used by us for marketing purposes.

Declaration

To the best of my knowledge and belief all information provided on this form is correct and I know of no reason(s) why I should not participate in the Camp and will not be travelling against medical advice. In signing this form I confirm that I have read and understood the Arkitrek Sdn Bhd Terms and Conditions and confirm that I am willing to abide by them.

Camp Participant - I have read and understood the declaration above

Date