



WHIZ TEAM ADVENTURE

PO Box 59, Birkirkara
info@whiz.com.mt
www.whiz.com.mt

Whiz Summer Academy 2020

Name & Surname: _____ Date of Birth: _____

Age: _____ Male Female

Email: _____ School: _____

Address: _____

Telephone No. _____ Mobile: _____

Parents/Guardians Details:

Mother/Guardian Name: _____ I.D. card: _____

Mobile: _____

Father/Guardian Name: _____ I.D. card: _____

Mobile: _____

Legal Custody: Mother Father Both Other: _____

I _____ (name of parent/guardian) **have read and agree to all the Terms and Conditions stipulated by Whiz Ltd and allow my child to participate in the Whiz Summer Academy Programme and events.**

I _____ (name of parent/guardian) **also have read and agree to all the Terms and Conditions stipulated by Whiz Ltd and allow my child to use make use of the door to door transport service.**

Signature of Parent/Guardian

Whiz Management

Cheques must be payable to **Whiz Ltd**. Internet banking IBAN number:
MT25VALL22013000000040023534089 or BOV Account number: **40023534089**

Terms & Conditions can be downloaded online: www.whiz.com.mt



Membership & Payment – 14th July to 27th August 2020

Please indicate below and check box if you need transport:

- GOLD -Tuesday & Thursday – Adventure & Water Sports 6 weeks: €200 (total 12 events)**
 - + Beach Nights €50
 - + Whiz Wednesdays €60
 - + Optional Transport door to door
 - ✓ Whiz T-shirt for each member & Fitness Pack for each member **worth €45!**

- SILVER - Tuesday & Thursday – Adventure & Water Sports 6 weeks: €140 (total 6 events -*kindly indicate events below*)**
 - + Beach Nights €65
 - + Whiz Wednesdays €60
 - + Optional Transport door to door
 - ✓ Whiz T-shirt for each member & Fitness Pack for each member **worth €45!**

- Clash of Clans
- Emergency Fire & Rescue Unit Team
- Indoor Climbing
- Discover Mdina
- SUP + Beach Sports
- Kayaking
- Majjistral Adventure
- Offshore Snorkeling
- Watersports – Dragon Boat
- Arrow Tag
- Horse Riding & Rescue
- Birgu Treasure Hunt



Applicants can apply for less than 10 or more than 6 upon request



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Medical Form

(To be filled in by General Practitioner)

Name: _____ Surname: _____

Date of Birth: _____ Age: _____ Male Female

Height: _____ Weight: _____

General Medical History

- Asthma or any other lung disease
- Diabetes (if ticked: Type 1 Type 2)
- Heart or any other cardiac conditions
- Joint Problems
- Muscular conditions
- Ever experienced dizziness, fainting or blackouts
- Taking prescription medications
- Allergies
- Other health conditions

If any boxes are ticked kindly specify:

Physician Consent: Yes No

If **Yes** please fill in declaration below:

I _____ Med. Reg. No. _____ declare to have
examined _____ and found him/her medically fit to
participate in the activities organized by Whiz Ltd with no risks to his/her health.

Signature and Stamp: _____

With Reference to the Terms and Conditions under Care & Custody No.8:



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Application for students requiring an LSA

(to be filled only by parents who will have their child being assisted by an LSA)

Name: _____

Surname: _____

Date of Birth: _____

Age: _____

Male Female

Details: Learning Support Assistant

Name: _____

Surname: _____

General History

I (name of Parent/Guardian) _____ give permission to
(name of LSA) _____ to support (name of child)
_____ during the events organized by Whiz Ltd.

Parent's/Guardian's Signature



ADVERTISING/PROMOTIONAL USE PHOTO CONSENT FORM

It is a custom and practice of the Company to include some photographs or images of Students in the Company's promotional material such as the Programme. The Company, however, will not disclose the name or home address of a Student without the parents' consent.

Whiz Company Limited takes your privacy seriously and will only process your child's personal data with your consent and in accordance with the terms stated in our Terms & Conditions. If you consent to having photos or videos of your child visible in our physical and online promotional material, please sign below: -

NAME & SURNAME of Parent/Guardian

SIGNATURE

NAME & SURNAME of Child

TIME

DATE

Please tick the box if you agree:

I hereby confirm that I consent to **Whiz Company Limited's** processing of photos or videos featuring my child for Advertising or Promotional purposes as identified above:



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SPECIAL CATEGORY DATA CONSENT

The Company has to process this medical data in order to gauge whether the data subject can participate in all or part of our activities.

Whiz Company Limited takes your privacy seriously and will only process this personal data with your consent and in accordance with the terms stated in our Terms & Conditions and with our Privacy Notice. If you consent to the processing of this special category data kindly fill in below: -

In the case of children under 16 years:

NAME & SURNAME of Parent/Guardian

SIGNATURE

NAME & SURNAME of Child

TIME

DATE

In the case of adults:

NAME & SURNAME of Participant

SIGNATURE

TIME

DATE