



WHIZ TEAM ADVENTURE

Flat 12, Ta' Wejda Building
Triq it-Torri, Mosta
MST3509
info@whiz.com.mt
www.whiz.com.mt

Whiz Summer Academy 2021

Name & Surname: _____ Date of Birth: _____

Age: _____ Male Female

School: _____

Address: _____

Telephone No. _____ Mobile: _____

Parents/Guardians Details:

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

Mobile: _____

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

Mobile: _____

Parent / Guardian Email: _____

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.**

I consent to receive marketing newsletter & other updates sent by Whiz Team.

Signature of Parent / Guardian

Whiz Management

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



Membership & Payment: 15th July to 1st September 2021

Please indicate below and check box if you need home transport:

- GOLD** ~ **Tuesday, Wednesdays & Thursday: 6 weeks (total 18 events) €300**
 - + Optional Transport door to door
 - ✓ Whiz XTRA – Beach Games Event
 - ✓ Whiz T-shirt
 - ✓ Whiz face mask

- SILVER** ~ **Tuesday / Wednesday / Thursday: 6 weeks (total 12 events) €230**
 - + Optional Transport door to door
 - ✓ Whiz T-shirt
 - ✓ Whiz face mask

- BRONZE** ~ **Tuesday / Wednesday / Thursday: 6 weeks (total 6 events) €150**
 - + Optional Transport door to door
 - ✓ Whiz T-shirt
 - ✓ Whiz face mask

Outdoor Adventure and Water Sports Events:

- Buskett Adventure
- Call of Duty
- Clash of Clans
- Climbing
- Crimson City
- Discover Cottonera
- Discover Imdina
- Discover The City
- Emergency Fire Rescue Team
- Horseback Riding & Breeding
- Kayaking
- Majjistral Adventure
- Nature Photography
- Offshore Snorkeling
- Orienteering & Backpacking
- SUP & Surf
- Xemxija Adventure
- Żurrieq Adventure





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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 LSE

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

Name: _____ Surname: _____

Date of Birth: _____ Age: _____ Male Female

Details: Learning Support Educator

Name: _____ Surname: _____

General History

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

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

Parent's/Guardian's Signature



GDPR Documentation Form 1

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 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	SIGNATURE
_____	_____
TIME	DATE

Please tick the box if you agree:

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

Privacy Notice: <https://whiz.com.mt/privacy-policy/>

Terms of Use: <https://whiz.com.mt/terms-of-use/>



GDPR Documentation Form 2

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.

Privacy Notice: <https://whiz.com.mt/privacy-policy/>

Terms of Use: <https://whiz.com.mt/terms-of-use/>

Whiz 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



Whiz Summer Academy 2021 COVID-19 NOTICE & WAIVER FORM

1. To protect the safety of all our participants and personnel, you are kindly requested to ensure that for each day of activity, your child is equipped with the following: (a) Face mask; (b) sufficient supply of disposable tissues; and (c) sufficient supply of hand sanitiser with an alcohol-based content of at least 70%. You agree that Whiz LTD reserves the right to refuse participants from joining the group and/or participating in activities if they are found not to be in possession of these items.
2. With a view to mitigating the risk of COVID-19 spread, throughout the activities our staff may issue instructions intended to ensure a safe environment for all participants and personnel. These instructions may include wearing face masks when using transportation systems and keeping safe distances from each other when reasonably required. You understand that your child will be expected to comply with all instructions issued by our staff in relation to such safe practices. You agree that Whiz LTD reserves the right to dismiss participants from participating further if they refuse to comply with our staff's reasonable instructions intended to ensure continuous COVID-19-related safe practices.
3. Whiz LTD is committed to ensuring that it continuously follows mitigation conditions and guidance issued by the local health authorities as well as any applicable local laws, rules and regulations intended to control the spread of COVID-19. You acknowledge that Whiz LTD may be required to discontinue, cancel, change or alter the Whiz Summer Academy 2021 and/or any or all related activities or if such instruction is issued or recommended by the relevant competent authorities or by law. Therefore, in view of the fluctuant COVID-19 situation, you expressly agree that Whiz LTD cannot, and will not, accept liability in the event that there have to be cancellations, alterations, or other changes in the programme of events and activities due to COVID-19 circumstances. In this respect, you expressly agree to waive all forms of liability against Whiz LTD and further agree to treat such instances, if these were to occur, as triggered by *force majeure*.
4. You fully understand and acknowledge that the COVID-19 pandemic is ongoing and, in this respect, the risk of transmission subsists. While Whiz LTD is committed to ensuring that all reasonable steps are taken to ensure the safety of participants and personnel alike, you acknowledge that in enrolling your child in the Whiz Summer Academy 2021 and/or any or all related activities, you do so at your own and your child's risk. You expressly agree that Whiz LTD cannot, and will not be held liable, and concurrently release Whiz LTD from any form of liability, in the event that your child contracts, directly or indirectly, illnesses of any kind, including but not limited to illnesses caused by or related to COVID-19, as a result of his/her participation in the Whiz Summer Academy 2021 and/or any or all related activities.

I _____ (name of parent/guardian) have read and agree to all the above COVID-19 Notice & Waiver Form, stipulated by Whiz LTD and allow my child / children _____, _____ to participate in the Whiz Summer Academy and events.

Signature of Parent/Guardian

Whiz Management