



# Application Form

1. First name(s).....
2. Surname.....
3. Nationality.....
4. Age.....
5. Gender.....
6. Language(s).....
7. Email.....
8. Address.....
9. Town.....
10. County..... Post code.....
11. Daytime phone..... Mobile.....
12. Date of Birth..... Passport Number.....
13. Dietary Requirements.....
14. Allergies.....
15. Other medical conditions.....
16. Next of Kin (Name and Number).....
17. What are you currently doing with your life?.....  
.....
18. Have you any relevant qualifications/experience?.....  
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19. What do you hope to gain from being a part of this program?.....  
.....
20. Dates you'd like to join the project?.....

21. Any other comments.....

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I am over 18 years old and have no financial or legal restrictions on leaving or entering any country. I have no criminal record. I have declared all medical conditions. I will obey and immediately undertake the fair directions of the Baywatch Project and project staff. It is my responsibility to inform family, work, or other concerned parties of my participation on The Baywatch Project and/or any on-going travel plans. I accept that South African law applies to my contract with The Baywatch Project.

I confirm that all the information I have provided on this form and elsewhere in my communications with The Baywatch Project is correct. I will advise The Baywatch Project in writing if, subsequent to submitting this form, circumstances arise which may affect my participation on the project.

In signing this application form I confirm that I understand and accept the registration terms and conditions on The Baywatch Project website. I will immediately put in writing any questions or concerns I may have.

Signed.....

Date.....