

Under 18 Bowlers: Information and Consent



CHILD'S INFORMATION

First name:										Surname:									
ID no or D.O.B:										School's name:									
Age:			Date of Birth:				Gender:			Pop. Group:				Current school grade:					
Cell number (if they have one):										Email address (if available):									
Home address: _____																			
Does your child have any medical condition that we need to be aware of ?																		YES / NO	
Does your child take any critical medication?																		YES / NO	
Does your child have any disabilities?																		YES / NO	
Does your child have any specific dietary requirements / food allergies?																		YES / NO	
Please provide details if YES to any of the above: _____																			

PARENT / GUARDIAN'S INFORMATION AND CONSENT

First name:										Surname:									
Landline no:										Cell no:									
Email address:										Cell no. of other family member:									
<ul style="list-style-type: none"> I hereby give permission for my child to play bowls and to participate in club, district and national events. I accept that coaches, managers and organisers will do their utmost to care for my child and to act only in their best interest during such training, matches and tournaments and also whilst being transported. Should anything untoward occur, I will not hold the coach, manager, club, District or Bowls SA responsible. I hereby give permission that any photos taken of the person/player above may be used in Social Media or Print Media by Bowls South Africa and all its affiliated structures for marketing and promoting the sport of bowls. I am also aware that my child may be tested for banned substances at any time according to the SAIDS protocol and relevant circulars published on the Bowls South Africa website and herewith grant permission for such testing to be conducted in accordance with the relevant protocols. Should any of the information provided above change, it remains my responsibility to advise the club immediately. 																			
Signature of Parent/Guardian: _____										Signature of Participant: _____									
Date: / / 20__										Date: / / 20__									

THE FOLLOWING MUST BE ATTACHED:

Copy of ID / passport or birth certificate	Copy of parent or guardians ID or passport	Copy of Medical Aid card (if applicable)
Attached: YES <input type="checkbox"/>	Attached: YES <input type="checkbox"/>	Attached: YES <input type="checkbox"/>

FOR ADMIN USE ONLY

BSA No:
Date: / / 20__