

Youth Bowls Consent Form

U15 & U20 BOWLS SA NATIONAL CHAMPIONSHIPS

Name of Educ Inst/School			
Full Name of Player / Child			
Grade / Year			
ID Number / Date of Birth	Please enclose a certified copy of the player's ID or birth certificate		
Address			
Telephone			
Cell			
Email Address			
Does your child have any medical condition or take critical medication? YES / NO			
Does your child have any specific dietary requirements? YES / NO			
Does your child have any disabilities? YES / NO			
If Yes, to any of the above, please describe fully below:			

Name of Parent / Guardian			
Telephone:			
Cell:		Cell of other family or friend	
<p>I, _____ give permission for my child to participate in the Bowls SA Under 15/20 National Championship to be held from 01 April 2017 to 04 April 2017 at Bloemfontein (travelling dates included).</p> <p>I accept that the organisers will do their utmost to care for my child during the tournament and whilst being transported. Should anything untoward occur, I will not hold the coach, manager, club, district or Bowls SA responsible.</p>			
Signature			Date:
Please return the completed form to the Manager of the team.			

(This form to be kept by the Manager and readily available at the tournament.)