

Youth Bowls Consent/Indemnity Form

U15 & U20 BOWLS SA NATIONAL CHAMPIONSHIPS

Name of Educational 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 disability? YES / NO

If Yes, to any of the above, please describe fully below or attach additional form to this application:

Name of Parent / Guardian			
Telephone:			
Cell:		Cell of other family or friend	

I, _____ give permission for my child to participate in the Bowls SA Under 15/20 National Championship to be held from 24-30 March 2019 at Bloemfontein (travelling dates included). *I also give permission that any photos taken of the participant may be used on the Bowls SA Social media platforms for marketing and promoting the game. I am also aware that my child may be tested for banned substances at any time according to the SAIDS protocol and circulars published on the web site of Bowls South Africa*

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.

Signature/Parent/ Guardian		Signature of Participant		Date:
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Please return the completed form to the Manager of the team.

(This form to be kept by the Manager and a copy submitted to tournament committee and readily available at the tournament at any time.)