

## Youth Bowls Consent Form – U19 Development Tournament

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? <span style="float: right;">YES / NO</span>			
Does your child have any specific dietary requirements? <span style="float: right;">YES / NO</span>			
Does your child have any disabilities? <span style="float: right;">YES / NO</span>			
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 Under 19 Development bowls tournament to be held from 29 March to 1 April 2016 in 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.)