

Youth Bowls Consent/Indemnity Form

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 <u>Yes</u> , 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	
<p>I, _____ give permission for my child to participate in the Bowls SA Under 30 Inter-District Championship to be held from 22 September 2018 to 27 September 2018 at Pietermaritzburg (travelling dates included). <i>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 policy published on the web site of Bowls South Africa</i></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/Parent/ Guardian		Signature of Participant	Date:
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.)