

SOUTH AFRICAN SCOUT ASSOCIATION
TSHWANE AREA
ANNUAL CONSENT CERTIFICATE – TROOP MEETINGS
PLEASE PRINT

I, (full name of Legal Guardian).....

of (address)

Postal Code:.....

Tel No: (.....).....

Cell No:.....

being the Legal Guardian of (Scout's full name):

.....
hereby make formal application for my ward to take part in all the activities connected with the:
9th Pretoria (Irene) Scout Group during the running of its NORMAL TROOP MEETINGS from:

1 January 2011 to 31 January 2012

I hereby appoint and authorise the Scouter in charge to act in my place as Guardian, and, if necessary, to consent to my ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment where required.

I fully understand and accept that all activities are undertaken at my ward's own risk.

I am aware that neither the South African Scout Association nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my ward may sustain whilst engaged in any Scouting activity and I waive any right that I or my ward may have to claim compensation against the South African Scout Association or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and I indemnify them against all claims.

SIGNED:
(Legal Guardian)

WITNESS:.....

DATED this day of 201_

MEDICAL AID DETAILS:

NAME OF MEDICAL AID SCHEME:.....

MEDICAL AID NUMBER:.....

NAME OF MEMBER:.....

NAME OF DOCTOR:..... Tel. No (.....).....

Known medical conditions and allergies:.....

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