

To the Regional Commissioner, Scouter:

I, (Full names of Parent / Legal Guardian)

of (Address)

Postal Code:

Home Telephone:

Cell Number:

being the Parent / Legal Guardian of:

Child's full name:

(hereinafter referred to as 'Ward')

a member of the  Group

hereby permit him / her to partake in the activity/camp referred to below

Camp/Activity:

Start Date:  DDMMYY

End Date:  DDMMYY

Location/Venue:

I hereby appoint and authorise the Scouter, Chairman or Commissioner in charge to act in my place as parent/guardian with full authority to consent to my Ward undergoing surgical and/or medical treatment. I undertake to pay the costs of such treatment.

I hereby DO DO NOT give permission for my Ward to participate in any water activities. I fully understand and accept that all activities are undertaken at my Wards own risk.

I am aware that neither SCOUTS South Africa, nor its Chairman, Commissioners, Scouters, Agents, Employees, Volunteers or any person associated with SCOUTS South Africa accept responsibility for any loss, injury or damage that the person or property of my Ward may sustain whilst engaged in any Scouting, including *inter-alia* transport to and from the activity.

I hereby waive any right that I may have in future, to claim compensation against SCOUTS South Africa or its Chairman, Commissioners, Scouters, Agents, Employees, Volunteers or other members, in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and whether as a result of negligence or otherwise and I indemnify SCOUTS South Africa against all such claims.

I agree and authorize that photos, statements, audio visual recordings, video and sound bites taken, recorded and collected from my Ward during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication and fundraising campaigns.

Signature Mother/Father/Legal Guardian:

Date:  DDMMYY

Signature Witness:

Date:  DDMMYY

**Medical Aid / Family Doctor Details:**

Name of Doctor:  Tel No:

Preferred Hospital:

Medical Aid Scheme:

Medical Aid Number:

Principal Member:

**In the case of an emergency it is vital that the Scouter and/or person in Charge has as much personal information as possible. It is to your own benefit to fill this in completely and accurately!**

**Details of Youth Member:**

 Full Names: 

 ID Number: 

 Date of Birth:  DDMMYY  YY

 Age: 

 Allergies: 

 Medication (specific times/dosage/etc): 

 Previous medical conditions or any other medical conditions you feel are of relevance: 

 Physical Disabilities: 

 Special Dietary Requirements: 

 Infectious Diseases: 
**Parent/Guardian Contact Details:**

 Parent/Guardian Name:  Contact First: 

 Contact Numbers: Home:  Work:   
 Cell: 

 Parent/Guardian Name:  Contact First: 

 Contact Numbers: Home:  Work:   
 Cell: 

Alternate Contact:

 Name:  Cell: