



PARENTAL CONSENT FORM

I, THE UNDERSIGNED-----
(PARENT/GUARDIAN)

Of-----

(Full residential address)

Hereby permit my Son/Daughter -----

A full time learner at -----
(School and District)

1. To attend the KZN Schools Softball School of Excellence Academy under the supervision of the appointed leadership and coaching team
2. Have been advised and fully understand the purpose, nature and risks associated with the program;
3. Understand that in the event of accident or injury to the above learner that all reasonable steps will be taken by the Academy Committee to contact me to obtain my consent for any necessary emergency medical treatment and / or any emergency medical operation. In the event that the Academy Committee is unable to contact me in such circumstances, I authorise the Administrator to consult my next of kin prior to any such treatment taking place.
4. Have been informed by the KZN Schools Softball Association of all the relevant details associated with the Academy including the itinerary, contact details of the Academy committee and other associated details.
5. By signing this form I give permission for my son/daughter to be photographed for marketing purposes

Signature of Parent/Guardian : -----

Contact Details:



MEDICAL INFORMATION FORM

NAME OF ATHLETE:

DATE OF BIRTH:

DISTRICT:

NAME OF PARENT/GUARDIAN: (Mother)..... Father:

HOME ADDRESS:

HOME TELEPHONE: (.....).....

WORK ADDRESS:

WORK TELEPHONE: Mother (.....).....Father (.....).....

CELL PHONE NUMBER: Mother Father

DO YOU BELONG TO A MEDICAL AID? YES / NO

(If yes, kindly attach copy of the main members Identity document & medical aid card)

Name the fund.....

Medical Aid Number Member's name:

Family doctor's name: Phone number:

Does your child have any allergies? If so, please state clearly the type of allergy & medication that needs to be given:

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Is your child allergic to any medication Yes / No

If yes, please give details

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Is your child taking any medication or suffering from any disease? If so, state medication & dosage.

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Signature of Parent/Guardian: -----

The above is valid from the period of 2019 to August 2020

