



SOUTH AFRICAN SCHOOLS NETBALL

**1. I, THE UNDERSIGNED-----
(PARENT/GUARDIAN)**

**Of -----
(Full residential address)**

Hereby permit my Son/Daughter -----

**A full time pupil at the-----
(School and District)**

to go to-----under the supervision of appointed officials.

- 2. On behalf of my child as his/her parent/guardian and on behalf of myself , not to hold SASN NETBALL responsible for any loss, damage, Injury or sickness that child may sustain as a result of any cause whatsoever, during the journey to and from the above-mentioned destination.**
- 3. I also undertake to indemnify the said officials against all claims form the third parties as a result of anything the said child may do or to do during the journey and visits as set out in paragraph 2 above.**

Signature of Parent/Guardian: -----

Signature of Witness: -----

Place: -----

Date: -----



NAME: _____

DATE OF BIRTH: _____

SCHOOL: _____

NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS: _____

CONTACT NUMBER: _____ **Cell M** _____ **Cell F**

Do you belong to a medical aid? YES/NO

NAME OF FUND: _____

MEDICAL AID NUMBER: _____

FAMILY DOCTOR: _____

CONTACT DETAILS: _____

Does your child have any allergies? _____

Any other relevant information: _____
