PO Box 3237, PRETORIA, 0001 Pilditch Stadium Cnr Maltzan & Church Streets PRETORIA WEST



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To be the best athletics Province in South Africa\_

## **INDEMNITY**

	the undersigned, who will participate in the AGN
	of the Athletics Gauteng North (AGN), hereby declare that I
	may incur, losses of any kind that I may incur or injury that
I may sustain during journeys, residence or c	ompetition on 20th August 2022 at Erasmus High School in
Bronkhorstspruit.	
I / we hereby grant permission for any medical	al or surgical procedure / operation which may be necessary
in case of serious injury or sickness, which	the Team Management in collaboration with a medical
practitioner may deem necessary in my inte	rest.
I also undertake to subject myself to the au	thority of Team Management and to abide by all rules and
arrangements, which are presented to me.	
Signed at	on this day of 2022
SIGNATURE	ID NUMBER
	0.75
SIGNATURE OF PARENT OR CUSTODIAN	DATE
(Must be signed in all cases where an athlete is a	minor)
/\ i= l-	lotion
Name of medical aid	
Medical aid number	
Allergies or any medical record	mar Itte nt h
Your cell phone number	
Emergency contact details: Person	Contact number
Club:	Licence Number