



ATHLETICS SWD
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EXECUTIVE BOARD:
 President: S. L. Noble
 V-President: M. R. Gericke
 Treasurer: D. McKinnon
 Secretary: M. Sass
 Cross Country: JR. Arendse
 Race Walking: Vacant
 Road Running: J. Du Preez
 Track and Field: R. L. Kock

General Manager: S de Reuck
 Admin Asst: T. Hendricks
 Development: Vacant

PARENTAL / GUARDIAN CONCENT FORM

I _____ (Full name and surname of parent / guardian) hereby give consent for my daughter / son

_____ (full name(s) and surname) to participate in the ASA Cross Country Championships to be held on 18 September 2021.

I am aware that Athletics SWD accept no responsibility for any loss, injury or damage that the person or property of my child may sustain whilst engage in any activity, and I waive my right that I have, in so far as I am able, and my child may have to claim compensation against ASA and ASWD organizers or other members in respect of any loss, injury or damage incurred whilst engaged in the events howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all claims of such activity.

I am aware that the attendance at this excursion and the activities which may take place during this excursion may hold the possibility of physical injuries. I accept that all reasonable precautions will be undertaken to ensure the safety and welfare of my child.

To the best of my knowledge, my child is in good health and physically able to participate in the said events. I / We, as parent(s) / guardian(s), hereby give permission to the Team Management or their representatives, to authorize medical care / treatment should it be required for my child. I / We request the Team Management to note the following:

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(Please mention information concerning your child's health, allergies, etc. and / or activities in which he / she may participate.)

Signed at this _____ day of September 2021 _____

VENUE _____

Signature of Mother / Father / Guardian: _____

Cell/Contact No _____

