

March 14, 2025

INDEMNITY FORM

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full name and surname of parent / guardian)

hereby give permission for my daughter / son \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name(s) and surname) to participate in the **SOUTH AFRICAN SCHOOLS ATHLETICS National** Track & Field Championships to be held in Bloemfontein from 2 – 6 April 2025.

To the best of my knowledge, my child is in good health and physically able to participate in the said Championship. 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:

……………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

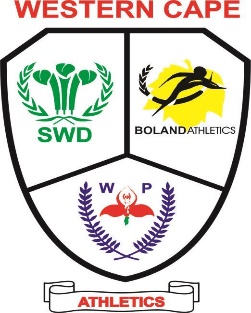
(Please mention information concerning your child’s health, allergies, etc. and / or activities in which he / she may participate.)

I / We am / are of the opinion that all reasonable precautions will be taken by the commissioned Team Officials, so as to ensure the safety and well-being of my child to, from and at the said Championship.

Signed at this \_\_\_\_\_ day of March/April 2025 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VENUE

Signature of Mother / Father / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**ATHLETE PERSONAL INFORMATION:**

**NAME AND SURNAME:………………………………………………………………………………..**

**DATE OF BIRTH:………………………………………………………………………………………..**

**ADDRESS:…………………………………………………………………………………………………**

**PARENTS Details:**

**MOTHER:………………………………………………………………………………………………….**

**FATHER:……………………………………………………………………………………………………**

**HOME NUMER:…………………………………………………………………………………………….**

**PREFERRED CELL NUMBER (RELATIONSHIP):……………………………………………………**

**SCHOOL:……………………………………………………………………………………………………**

**ADDRESS:…………………………………………………………………………………………………..**

**CONTACT PERSON:………………………………………………………………………………………**

**TELEPHONE NUMBER:……………………………………………………………………………………**

**Any illnesses or allegies:……………………………………………………………………………………….**

**MEDICATION:……………………………………………………………………………………………….**