



Indemnity and Consent

I, (full name and surname) the parent/legal guardian of (Full name and surname) do hereby give my consent for my child as a player to the University of Pretoria Basketball Junior Program that will run from February – November 2018.

1. I agree to exempt the University of Pretoria Basketball Club from liabilities reasonably incurred on account of any injury to or illness of the fore mentioned player.
2. I agree that I shall become liable to any and all medical expenses to any third party as a result of bodily injuries suffered by the afore said player. I understand that I will have no claim against the University of Pretoria Basketball Club for the recovery of such expenses.
3. The University of Pretoria Basketball Club shall do everything in their power to ensure that loss or damage to clothing or any property of players is avoided but the University of Pretoria Basketball Club shall not be liable for loss or damage to clothing or any other property of players.
4. I acknowledge that by signing below I have read, understood and agreed with the form of consent and indemnity.

I, declare the information above to be correct.

Signature

___/___/___

DD/MM/YYYY

PLAYER DETAILS

<i>First Name</i>	<i>Surname</i>	<i>Date of Birth</i>	<i>I.D number</i>

EMERGENCY CONTACT DETAILS

Medical Aid Name:

.....

Medical Aid Number:

.....

Medical Aid Main Member:

.....

Family Doctors Name:

.....

Family Doctors Contact Details:

Medical Conditions / Allergies / Medication:

PARENTAL/GUARDIAN DETAILS

Name.....

Surname.....

Contact Details:

Mobile.....Office.....Home.....

Email Address.....

Home or Postal Address.....

Code:

Emergency contact number.....

Should the parent / guardian be unavailable we may call:

Name:

Contact numbers(s):

Relation to player:

I, would like / would not like to receive information via the following channels:

Preferred SMS Number for our SMS DATABASE:

Preferred Email Address for our Email DATABASE:

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