



2nd Boksburg (St Michael's) Scout Group

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ANNUAL CONSENT CERTIFICATE

PLEASE PRINT

To: The Scouters of **Second Boksburg (St Michael's) Scout Group**.

I, (full name of legal guardian) _____

_____ of (address) _____

_____ Postal code _____

Home (____) _____ Work (____) _____ Cell (____) _____

being the Legal Guardian of (scouts full name) _____

hereby make formal application for my ward to take part in all the activities connected with the **Second Boksburg (St Michael's) Scout Group** during the running of its **normal troop meetings, outdoor troop meetings, work days** held at the **Anglican Church and Crows Nest** from the **01/01/2010 to the 28/02/2011**.

I hereby appoint and authorize the Scouter in charge to act in my place as guardian, and , if necessary to consent to my ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment where required.

I fully understand and accept that all activities are undertaken at my ward's own risk.

I am aware that neither the South African Scout Association nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my ward may sustain whilst engaged in any Scouting activity and I waive any right that I or my ward may have to claim compensation against the South African Scout Association or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and I indemnify them against all claims.

Signed: _____ (legal guardian) Witness: _____

Date: _____ day _____ 201____

MEDICAL AID DETAILS:

NAME OF MEDICAL AID SCHEME: _____

MEDICAL AID NUMBER: _____

NAME OF MEMBER: _____

NAME OF DOCTOR: _____ Tel. No: _____