



## INDEMNITY AND CONSENT FORM

I, the undersigned parent/legal guardian of .....  
grant the above mentioned learner my full consent to attend the 2019 Pipe Bands' Association of  
Southern Africa Piping & Drumming School.

### 1. INDEMNITY

I, the parent / legal guardian of the learner:

- 1.1. Hereby indemnify the PBASA, and all or any persons representing or acting on behalf of the PBASA Summer School against any claims for injury, harm or other loss howsoever caused to any person and how or wheresoever arising, as a result of any act or omission by the learner;
  - 1.2. Waive any claim that may arise against the PBASA, and all or any persons representing or acting on behalf of the PBASA Summer School on account of any injury to or illness or death of the learner;
  - 1.3. Agree and consent that the PBASA, and persons representing or acting on behalf of the PBASA Summer School in charge of the learner in the absence of the parent/legal guardian, may act *in loco parentis* and may consent to any operation or medical treatment of the learner, should such operation or medical treatment be required on an urgent basis on medical advice and it is not reasonably possible for the parent/guardian of the learner to be reached to obtain such consent.
2. As far as I know the learner is physically capable of participating in the above activity and he/she is in good health.
  3. I agree to be responsible for any costs arising from any medical treatment of the learner as covered by Clause 1.3 above.
  4. Note should be taken of the following: (please state aspects that the PBASA/Summer School management team should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy etc.)  
  
.....



5. The following information is provided in the event that medical treatment or hospitalisation is required for the learner:

5.1. Name and address of employer .....

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5.2. Name of Medical Aid .....

Membership Number .....

5.3. ID Number of Principal Member .....

5.4. Force No. (if applicable) .....

5.5. Residential address of parent / guardian .....

.....Code .....

5.6. Telephone Numbers:

Father: Work:..... Home:.....

Cell:.....

Mother: Work:..... Home:.....

Cell:.....

6. I acknowledge that once I have consented to the learner's participation, I will be responsible for his fees even if he should have to withdraw (unless a paying substitute can be found).

7. I acknowledge that should the learner transgress codes of conduct and other behavioural requirements that he may be sent home at my expense.

8. I have included a photocopy of my medical aid card.

**LEARNER'S NAME:** ..... **DATE OF BIRTH**...../...../.....

.....  
**PARENT / GUARDIAN'S NAME**

.....  
**SIGNATURE**

.....  
**DATE**



## DELEGATE INFORMATION SHEET

Name:

School:

Grade:

Gender:

Tutor:

Instrument:            pipes                            tenor                            bass                            snare                            D/M

Level:                    beginner                            intermediate                            advanced

Prizes or competitions or awards previously won:

Brief resumé:

Please describe any particular areas of playing strength or weakness:

Tee-shirt size:

Special dietary requirements: