



SOUTH AFRICAN SCHOOLS HOCKEY



LETTER OF CONSENT

I _____, being father/mother/legal guardian of _____ (FULL NAME) request you to allow him/her to take part in all activities during the SASHOC Under 12 Regional/National Tournament/Festival in _____ (TOWN) from _____ (starting date of Tournament) until _____ (final date of Tournament).

I further authorize the Manager in charge of the team and the Tournament Organisers to act in 'loco parentis' during this time and to give any consent required by hospital or medical authorities in respect of medical attention they may deem necessary.

I absolve the South African Schools' Hockey Association (SASHOC) and Officials from liability for any loss, damage, or injury to his or her person or effects arising from any reason whatsoever during the period of _____ (i.e. while travelling to, during and returning home from such Tournament/Festival.)

I request the person responsible to note the following: (Mention here any weakness or allergies from which your child is suffering): _____

Special dietary needs- _____

Is your child currently on any medication ? (specify). _____

INFORMATION REQUIRED IN CASE OF MEDICAL/HOSPITAL TREATMENT

Name and address of employer: _____

Occupation: _____ Tel. (h) _____

Tel. (w) _____ cellphone no. _____

Name of Medical Fund: _____ No.: _____

(Please attach a copy of the Medical aid card to this document)

Name and address of relative/friend/acquaintance: _____

Tel. (h) _____ (w) _____ cell _____

Signature of father / mother / legal guardian: _____

PLAYER SIGNATURE: _____ DATE: _____