

**MEDICAL CONSENT FORM**

<b><u>PLAYER DETAILS</u></b>	
First Name:	Surname:
Date of Birth:	Age:
ID Number:	School:
<b><u>CONTACT DETAILS OF PARENT/LEGAL GUARDIAN</u></b>	
Name & Surname:	Relationship:
Tel:	Cell:
Email Address:	
<b><u>NEXT OF KIN</u></b>	
Name & Surname:	Relationship:
Tel:	Cell:
Email Address:	
<b><u>MEDICAL AID DETAILS</u></b>	
Medical Aid Name:	
Main Member:	
Medical Aid Number:	

**Current Medication:** (Specifically if your child needs to take them during camp hours)

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**Health Factors:** (i.e asthma, allergies, recent surgery, broken bones etc.)

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I \_\_\_\_\_ parent/ legal guardian of \_\_\_\_\_  
declares that he/she is mentally and physically fit to participate in the Camp.

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**Signature**

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**Date**



**LITTLE TIGERS REGISTRATION FORM**

Child's Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

What school does your child attend? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Tick appropriate box(es):**

Caylix Sport has my permission to use photos taken during the camp of my child(ren) for future promotional materials: Yes  No

First- aiders provided at the clinic may treat my child in the case of any injury during clinic hours: Yes  No

For enquiries, please contact:  
Ludwig Gerstner: [ludwig@caylixsport.co.za](mailto:ludwig@caylixsport.co.za) / 021 808 1445/6

**Banking details:**

Caylix Sport  
Standard Bank, Stellenbosch  
Current Account No: 07-229-076-5  
Reference: "Camp" + Name + Surname



**ELEMENTS OF RISK NOTICE:**

The Little Tigers programme does not include direct contact as part of our activities. It is a skills based programme, with a focus on multidirectional running and passing drills. However, the risk of injury still exists. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck and back. These injuries result from the nature of the activity and can occur without fault on either the part of the coach, or the facility where the activity is taking place. By choosing to participate in these activities, you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by your child carefully following instructions at all times while engaged in the activity. Caylix Sport attempts to manage as effectively as possible the risk involved for children while participating in Little Tigers programme.

**CONSENT:**

This section will need to be completed in full and signed by a parent or legal guardian in order for your child to take part in the Little Tigers clinic.

I \_\_\_\_\_ parent/ legal guardian of \_\_\_\_\_  
hereby agree and declare that the management of Little Tigers (Caylix Sport), the venue hosting School (Parel Vallei High School) and all sponsors shall not be held liable for any claim, injuries, loss or damages to property, however caused.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

