NORGALAS JUNIOR LEAGUE REGISTRATION FORM

CONSENT BY PARENT / LEGAL GUARDIAN / PERSON ACTING IN PARENTAL CAPACITY

I, _____parent / legal guardian / person acting in parental capacity do hereby consent to _____ (full name of child) born on _____ (date of birth of child), hereby grant permission for my child to compete in the NORGALAS Junior League.

I have been advised and fully understand, the purpose, nature and risks associated with the junior league; I understand that in the event of accident or injury to the above junior angler that all reasonable steps will be taken by the junior convenor to contact me and if I cannot be reached contact my relatives indicated to obtain consent for any necessary emergency medical treatment.

_____ _____

Signature of parent/ legal guardian / person acting in parental capacity Date

PLEASE COMPLETE THE FOLLOWING

Medical Aid: _____

Name of principal member: _____

Medical aid number: _____

Name of first contact - parent / legal guardian / person acting in parental capacity

_____

Telephone numbers: Home _____ Work_____

Cell _____ email address _____

Postal address

_____

_____

Other contact (friend/relative):

Name _____Relationship to child _____

Contact numbers _____

Does your child have a medical condition/allergy that we need to know about? (Y/N) _____

Explain:_____

_____

Is your child on any medication?(Y/N) _____

What medication?

_____