South African Scout Association
Gauteng Provincial Office
Bramley office:
PO Box 900, Northlands, 2116
Tel: 011 440 6490
Fax: 011 440 6486
gauteng@scouting.org.za
www.scouting.org.za

Tshwane office:
PO Box 35354, Menlo Park, 0102
Tel: 012 346-8720
Fax: 012 346 8754
tshwane@scouting.org.za
www.scouting.org.za

SCOUTS South Africa
GAUTENG
Member of the World Organisation of the Scout Movement

SONS NAME …… CLASS……
SOUTH AFRICAN SCOUT ASSOCIATION

ANNUAL PARENT CONSENT AND INDEMNITY

To: The Scouter 1st St Benedict's Cub Pack

I, (full name of parent / Legal Guardian) _____, of (address) _____ Postal Code _____ Tel No: 011 _____(H), 011 _____ (W) _____(C) being the mother / father /legal guardian of (scout's full name) _____,

hereby request you to allow him to take part all in the activities connected with the **1st St Benedict's Cub Pack** during the running of NORMAL PACK meetings from 1 January 2019 to 31 January 2020, and further acknowledge that this consent extends to activities held during normal PACK meeting times but not held at the St Benedict's Junior Prep or College itself. Such activities could include visits with other packs, scavenger hunts, wide games, etc and any other similar activities. This consent includes all Sixer Council Meetings held away from the School.

I further confirm the aforesaid consent extends to addition cub activities held at St Benedict's Junior Prep or College Schools at times other than normal meetings, such activities include sixer's councils, equipment preparation, badge advancement and inter-pack meetings.

I hereby appoint and authorise the Scouter in charge to act in my place as Guardian with full authority to consent to my son/ward undergoing necessary surgical or other medical treatment. I undertake to pay the cost of such treatment. I fully understand and accept that all activities are undertaken at my son's/ward's own risk.

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

I am aware that the cub programme is an active and adventure-filled one, which includes dangerous activities such as (but not limited to) making fires, active games, swimming, night hikes and camping. I am aware that a wealth of scout literature on these activities may be viewed at www.scouting.org.za and that I can discuss any concerns that I may have with the programme content with the Pack Scouter.

Signed: _____

Witness: _____

Dated this the ___ day of _____ 201__

MEDICAL AID DETAILS:

NAME OF MEDICAL AID SCHEME: _____

MEDICAL AID NUMBER: _____

NAME OF MEMBER: _____

NAME OF DOCTOR: _____

DOCTOR'S CONTACT NUMBER: _____

Media Consent

I hereby give permission for photographs of my son involved in cub related activities to be used in St Benedict's Newsletters, social media and local newspaper.

Cub's Name: _____

Photo's **May / May Not** (deleted not applicable) be used for the above.

Name of Parent: _____

Sign: _____ Date: _____

Water Safety

Cubs may from time to time have water related activity, please confirm whether you are happy for your son to be involved in water activities.

My son (Name):_____ **May / May Not** be involved in water related activities.

Please note the level of competence: Not water Safe [ ]

Water Safe: [ ]

Moderate Swimmer [ ]

Competent Swimmer [ ]

(The above is in order for us to supply the correct supervisory level during activities)

Name of parent:_____

Sign: _____ Date:_____