

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 (circle)18 , u16, u14, u13 Regional/National Event/Festival in
..... (TOWN) from(starting date of Event) until
..... (final date of event).

I further authorize the Manager in charge of the team and the Event 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 Event/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: