

37th Pretoria Springvale Scout Group
Tshwane South

180 Springbok Street
Wierdapark, Centurion, 0149
PostNet Suite 218, Private Bag X 4, Rooihuiskraal, 0149



SCOUTS
South Africa

GAUTENG

Member of the World Organisation of the Scout Movement

CONSENT FORM & HEALTH CERTIFICATE 2025

To: The Scouter in Charge: 37th SPRINGVALE SCOUT GROUP

I, (full names of legal Guardian) _____

Of (Address) _____

Postal Code: _____

Tel No: _____ Cell No: _____

Being the legal guardian of (ward's full name): _____

Hereby make formal application for my ward to take part in the activities connected with the:

MEERKAT / CUB / SCOUT PROGRAMME*

To be held at: 37th Pretoria Springvale Scout Hall, 178 Springbok Street, Wierdapark

From: 1 October 2025 _____ To: 30 September 2026 _____

I hereby appoint and authorize the Scouter-in-Charge to act in my place as Guardian with full authority to consent to my ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment.

I fully understand and accept that while all reasonable care will be taken, all activities are undertaken at my ward's own risk.

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

* Delete whichever is **NOT** applicable

HEALTH CERTIFICATE

1) I certify that to the best of my knowledge, my ward:

a) Is not suffering from any physical disability or illness which would make it inadvisable for my ward to take part in the event detailed above, but I wish to draw your attention to the following:

b) Is not suffering from any infectious disease, and has not been in contact with anyone suffering from any infectious disease in the last 14 days.

2) I **DO** / **DO NOT** give permission for my ward to take part in swimming activities.

3) **Medical and Emergency Details:**

a) Name of Medical Aid: _____

b) Member's Medical Aid No: _____

c) Name of member: _____

d) Name of Doctor: _____

e) Doctor's No: _____

f) Emergency Contact (Person other than legal guardian):

Tel No: _____ Cell No: _____

Name: _____ Relationship: _____

Signed: _____
(Legal Guardian) (Witness)

Signed at _____ on this _____ day of _____ 20____

* Delete whichever is **NOT** applicable