



The President's Award for Youth Empowerment In association with the Duke of Edinburgh International Award





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PRM01

ENROLMENT FORM

OFFICE USE ONLY		
Operating Office: Signe		
Enrolment No.: Enrolment fee	e paid: K Da	ite or payment:
PARTICIPANT INFORMATION		
First names:	Surnar	ne:
Residential Address (home):		
		Postal Code:
Postal Address (home):		
		il:
		Male/Female:
	<u>-</u>	Black White Coloured Asian Other
Attending School/College/Club (Name):		
011/055 51		
AWARD PROGRAMME DETAILS		
Tick where applicable:		
Level Completed: BRONZE SILVER Level Enrolling For: BRONZE SILVER GOLD		
IF UNDER THE AGE OF 18, PLEASE ENSURE THAT PARENTS / GUARDIAN / SCHOOL		
COMPLETES THE INDEMNITY FORM, OVERLEAF.		
AGES 18-25 PLEASE ENSURE THAT THE FORM IS COMPLETED OVERLEAF		
DECLARATION BY PARTICIPANT		
	ION BY PARTICI	PANT
I, (full name)declare all the above details to be correct and t		
I, (full name)	true.	(participant)
I, (full name)declare all the above details to be correct and t	true.	(participant)

VAULAT LIAVE VOLL A OLUEVED TODAVO

WHAT HAVE YOU ACHIEVED TODAY?

SERVICE + SKILL + PHYSICAL RECREATION + ADVENTUROUS JOURNEY

THE PRESIDENT'S AWARD FOR YOUTH EMPOWERMENT TRUST OF SOUTH AFRICA

FOR AGES 14 - 17

INDEMNITY FORM

This form must be completed in order for a person to be enrolled.

Any participant under the age of 18 is a minor; and in such cases this form must be completed and signed by his/her guardian or parent in the space provided below.

named on the reverse of this form hereby consent to his/her embarking upon, participating in and completing the adventurous journey, service, skill and sport activities instituted and conducted under the auspices of The President's Award for Youth Empowerment Trust of South Africa. I absolve the National, Regional and Area Committees and Staff of The President's Award for Youth Empowerment programme of South Africa, as well as The President's Award for Youth Empowerment Trust, from any liability arising from any injury, illness, damage, loss, mishap, accident, or other occurrence which the participant and/or I personally may suffer in pursuit of the attainment of any of the Awards offered by The President's Award for Youth Empowerment Trust of South Africa as a result of negligence or otherwise of the afore going entities and/or person. I, for and on behalf of the participant, consent to the reasonable publication and/or reproduction by The President's Award for Youth Empowerment Programme of South Africa of any photograph of, or written reflection by the participant and/or any work of art of whatsoever description or kind produced by him/her in pursuit of Award activities, in any marketing material of whatsoever nature or kind by The President's Award for Youth Empowerment. Signed: *Parent/Guardian/School Representative Signed: Participant This form must be completed in FOR AGES 18 - 25 INDEMNITY FORM order for a person to be enrolled. will be embarking upon, participating in and completing the adventurous journey, service, skill and sport activities instituted and conducted under the auspices of The President's Award for Youth Empowerment Trust of South Africa. I absolve the National, Regional and Area Committees and Staff of The President's Award for Youth Empowerment programme of South Africa, as well as The President's Award for Youth Empowerment Trust, from any liability arising from any injury, illness, damage, loss, mishap, accident, or other occurrence which I as participant may suffer in the pursuit of the attainment of any of the Awards offered by The President's Award for Youth Empowerment Trust of South Africa as a result of negligence or otherwise of the afore going entities and/or person. I, consent to the reasonable publication and/or reproduction by The President's Award for Youth Empowerment Programme of South Africa of any photograph of, or written reflection by myself and/or any work of art of whatsoever description or kind I produce in pursuit of Award activities by The President s Award for Youth Empowerment. Signed: Date: Participant If an interpreter has translated this information to the *parent/guardian/school representative and/or

the participant, please indicate

school representative and/or the participant the contents of this document and to the best of my knowledge and belief, the contents are understood by the *parent/guardian/school representative and/or the participant.

Signed: Date:

translator/interpreter*

* (delete which ever is not applicable)