



Proud to be



The President's Award

For Youth Empowerment

ENROLMENT FORM

30 years
empowering
youth
1983 – 2013

PRM01

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www.presidentsaward.co.za

OFFICE USE ONLY: Regional Office:

Programme Manager:

enrolment checked by:

Enrolment fee:

date paid:

Invoice no / petty cash no / bank deposit :

PARTICIPANT INFORMATION

First Names: Surname:

Postal Address (home):

..... Postal Code:

Tel No: () Cell No: Age:

Email: Date of birth:

Y	Y	Y	Y	M	M	D	D
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Male/Female: ID No:

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 Race (optional):

Black	White	Coloured	Asian	Other
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Attending School/College/Club (Name): Current Grade/Level

Please tick (✓) the relevant block where applicable:Disability:

NONE	SIGHT	HEARING	PHYSICAL	OTHER (specify):
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I am also active in the following youth organisation(s): e.g. Girl Guides, Scouts

PLEASE CONSIDER SPONSORING A PARTICIPANT

Every year we are overwhelmed with a need to support motivated young people who are eager to enroll and complete their Award activities, but who do not have the means. If you would like to make an additional contribution with this enrolment payment, please indicate the value R
Or, visit www.presidentsaward.co.za and click on the donate button to learn more.



AWARD PROGRAMME DETAILS

Tick (✓) where applicable: Level completed

BRONZE	SILVER
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 Level enrolling

BRONZE	SILVER	GOLD
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GUARDIAN INFORMATION

Name:

Relationship: Cell No: Email:

BANKING DETAILS: BANK: Standard Bank, Grahamstown BRANCH CODE: 050-917 ACCOUNT NO: 08 202 5363
ACCOUNT NAME: The President's Award for Youth Empowerment REFERENCE: surname + name of school/centre/award unit

DECLARATION BY PARTICIPANT

I, (full name) (participant)
declare all the above details to be correct and true.

Signed: Date:

GOLD ALUMNI

Make sure that you join SAGAHA, the South African Gold Award Holders Association when you achieve your Gold!

IF YOU ARE UNDER THE AGE OF 18, PLEASE ENSURE THAT A PARENT / GUARDIAN / SCHOOL REPRESENTATIVE COMPLETES THE INDEMNITY FORM OVERLEAF.

IF YOU ARE BETWEEN THE AGES OF 18 AND 24, PLEASE ENSURE THAT YOU COMPLETE THE INDEMNITY OVERLEAF.

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.

I, (full name) the *parent/guardian/school representative *(delete which ever is not applicable of the minor 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

Date:

FOR AGES 18 - 24

INDEMNITY FORM

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

I, (full name) hereby acknowledge that in the pursuit of the Award as indicated on the front of this form that I 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:
Participant

Date:

If an interpreter has translated this information to the *parent/guardian/school representative and/or the participant, please indicate

I, (full name), acting as translator/interpreter, have interpreted to the *parent/guardian/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:
translator/interpreter*
* (delete which ever is not applicable)

Date: