



# The President's Award for Youth Empowerment

PRM01(L)

PostNet Suite # 65, Private Bag X1672, Grahamstown 6140  
Phone: 046-6227273 Fax: 046-6225416 email:

## **ENROLMENT FORM** **for 14 to 20 year olds**

<b>OFFICE USE ONLY</b>	
Operating Office: _____	Signed: Licence Holder: _____
Enrolment No: _____	Enrolment fee paid : R _____ Date of payment:: _____

### **PARTICIPANT INFORMATION**

First names: \_\_\_\_\_ Surname: \_\_\_\_\_

Residential Address (home): \_\_\_\_\_

Date of Birth: 

Y	Y	Y	Y	M	M	C	C
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 Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

ID No: 

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 tick   
Race: 

Black	White	Coloured	Asian	Other
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Current Grade/Course: \_\_\_\_\_ Highest Grade/Course passed: \_\_\_\_\_

Attending School/Varsity/College/Youth Centre (Name): \_\_\_\_\_

Home

Tel No:( ) \_\_\_\_\_ Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

<b><u>AWARD PROGRAMME DETAILS: (tick <input checked="" type="checkbox"/> where applicable )</u></b>	
<b><u>Level completed:</u></b> BRONZE / SILVER	<b><u>Level enrolling for:</u></b> BRONZE / SILVER / GOLD

### **DECLARATION BY PARTICIPANT**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**IF UNDER THE AGE OF 21, PLEASE ENSURE THAT PARENTS OR SCHOOL COMPLETES THE CONSENT FORM OVERLEAF.**



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

### CONSENT

**This form must be completed in order for a person to be enrolled. Any participant under the age of 21 is a minor; and in such cases this form must be 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 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, 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:** \_\_\_\_\_

**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 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 the participant.

**Signed:** \_\_\_\_\_  
translator/interpreter

**Date:** \_\_\_\_\_

*\*(delete which ever is not applicable)*

