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**SOUTH AFRICAN NUMERACY CHAIR PROJECT STEAM-ING AHEAD CAMP [year]**

Primary Camp Coordinator: Debbie Stott

Dear Parent,

You are requested to sign this form, giving permission for your child to attend the South African Numeracy Chair Project **STEAM-ING AHEAD CAMP [insert year]** which will take place from [insert dates] at [insert venue]. You are also requested to give permission for your child to be taken on excursions during his/her attendance at the camp and giving permission and consent to the Coordinators, Staff and Club leaders of the SANC project to take photos and distribute photos for funding, marketing and display purposes. Every precaution regarding your child’s safety and welfare whilst participating in these outings will be taken. Children who misbehave at the camp in any way will be removed from the camp and their parents/guardians will be responsible for fetching them from the campsite.

**CONSENT AND INDEMNITY**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(full name and surname of parent/legal guardian/caregiver)

Identity number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(full name and surname of child/ward)

born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby give my consent for my child/ward to take part in any and all activities of the STEAM-ING AHEAD CAMP, whether conducted on [insert venue[ premises or extramurally, including but not limited to, games, sporting activities, tours and excursions of general, vocational, education, historical or scientific interest.

I fully understand and accept that all such activities shall be undertaken at my child’s/ward’s own risk, and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child/ward to indemnify, hold harmless and absolve the SANC, club leaders, staff or any parent assisting in any way with the said activities, against and from any or all claims whatsoever which may arise in connection with any loss or damage to the person or property of my aforesaid child/ward in the course of such activities.

Dated at Grahamstown this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year \_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_