



The President's Award

For Youth Empowerment

ENROLMENT FORM

Proud to deliver



enrol@presidentsaward.co.za www.presidentsaward.co.za

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|

Male/Female: _____ ID No | | | | | | | | | | | | | | | | Race (optional): | Black | White | Coloured | Asian | Other |

Attending School/College/Club (Name): _____ Current Grade/Level: _____

Please tick (✓) the relevant block where applicable:

Disability: | NONE | SIGHT | HEARING | PHYSICAL | OTHER (specify) _____

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 Level enrolling BRONZE SILVER GOLD

GUARDIAN INFORMATION

Name _____

Relationship: _____ Cell No: _____ Email: _____

BANKING DETAILS: ACCOUNT NAME: The President's Award for Youth Empowerment

BANK: Standard Bank **BRANCH CODE:** 050-917

ACCOUNT NO: 08 202 5363 **REFERENCE:** surname + name of school/centre/award unit

Please submit the Proof of Payment with this application form.

DECLARATION BY PARTICIPANT

I (full name _____) (participant)

declare all the above details to be correct and true.

Signed : _____ Date : _____

GOING FOR GOLD?

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



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**THE DUKE OF EDINBURGH'S
INTERNATIONAL AWARD**



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 Presidents Award. I further consent to The President's Award making use, collecting, storing and lawfully processing the personal information relating to the minor named herein, and further consent to that personal information being shared with any reasonable third party, which sharing of personal information will be strictly in terms of the Protection of Personal Information Act 4 of 2013.

I absolve the National, Regional and Area Committees and Staff of The Presidents Award 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 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 Presidents Award 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 Presidents Award.

Signed: _____
*Parent/Guardian/School Representative

Date _____

Any participant between the ages of 18 and 24 please complete and sign in the space provided below.

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 Presidents Award. I further consent to The President's Award making use, collecting, storing and lawfully processing my personal information and further consent to my personal information being shared with any reasonable third party, which sharing of personal information will be strictly in terms of the Protection of Personal Information Act 4 of 2013.

I absolve the National, Regional and Area Committees and Staff of The Presidents Award 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 Presidents Award as a result of negligence or otherwise of the afore going entities and/ or person.

Signed: _____

Date _____