**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: ……………

Y

Y

Y

Y

M

M

D

D

Email: …………………………………………………..…......... Date of Birth:

Black

White

Coloured

Asian

Other

Male/Female: …… ID No: Race (optional):

Troop Name ………………………………………. District …………………………..……...­

Please tick (√) the relevant block where applicable: ­

NONE

PHYSICAL

HEARING

SIGHT

OTHER (specify):

Disability:

**GUARDIAN INFORMATION**

Names: …………………………………………………………. Relationship: …………………………………………………….

Cell No: ………………………………………………………… Email: …………………………………………………………….

I am also active in the following youth organisation(s): e.g. Girl Guides, Scouts ……………………………………

**AWARD PROGRAMME DETAILS**

**Tick (√) where applicable: Level completed Level enrolling**

SILVER

GOLD

BRONZE

SILVER

BRONZE

**BANKING DETAILS: BANK:** Standard bank, Grahamstown **BRANCH:** 050-917 **ACCOUNT NO**: 08 202 5363 **ACCOUNT NAME**: The President’s Award for Youth Empowerment **REFERENCE**: Initial, Surname + Troop name

Send the PoP to [enrol@presidentsaward.co.za](mailto:enrol@presidentsaward.co.za)

**Discounted Enrolment Fees: Bronze: R130 Silver: R110 Direct Silver: R270 Gold: R290 Direct Gold: R480**

**GLOBAL AWARD ALUMNI NETWORK**

Make sure that you join GAAN, the Global Award Alumni Network when you achieve your Bronze/Silver/Gold! <https://alumni.intaward.org>

**DECLARATION BY PARTICIPANT**

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

Signed: ……………………………………..……… Date: …….……………..….

**PLEASE CONSIDER SPONSORING A PARTICIPANT**

**Every year we are overwhelmed with a need to support motivated young people who are eager to enrol 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**](http://www.presidentsaward.co.za) **and click on the donate button to learn more.**

**♥ Donate**

**THE PRESIDENT’S AWARD**

**FOR YOUTH EMPOWERMENT TRUST OF SOUTH AFRICA**

**INDEMNITY FORM**

**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 whichever is not applicable) of the minor named on the reverse of this form hereby consent to his/her embarking upon, participant in and completing the adventurous journey, service, skill, sport and where applicable, a residential project 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.

On behalf of the participant, reasonable publication and/or reproduction by The President’s Award for Youth Empowerment and The Duke of Edinburgh’s International Award Foundation of any photograph 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 and The Duke of Edinburgh’s International Award Foundation.

I consent for the participant to be given the opportunity to participate in the surveys the Award conducts to understand the Award experience of participants, measure the outcomes and impact of the Award and other research activity that is in line with the Award’s strategy and aims. For more information about the current research activity, contact us on [info@presidentsaward.co.za](mailto:info@presidentsaward.co.za).

**Signed: …………………………………………………. Tick the checkbox acknowledging that you have read and understand \*Parent/Guardian/School Representative the TPA child protection policy available on our website.**

**Signed: …………………………………………………. Date: …………………………………………………. Participant**

**FOR AGES 14 - 17**

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

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

I, (full name) ……………………………………………………. acting as a 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: …………………………………………………. Date: …………………………………………………. Translator/interpreter\* \*(delete whichever is not applicable)**

**INDEMNITY FORM**

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, sport and where applicable, a residential project 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 consent to participate in periodic Award related research, reasonable publication and/or reproduction by The President’s Award for Youth Empowerment Programme of South Africa of any photograph or written reflection by myself 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: …………………………………………………. Tick the checkbox acknowledging that you have read and understand Participant the TPA child protection policy available on our website.**

**Date: ………………………………………………….**

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

**FOR AGES 18 - 24**