Crowies Place cc

2009/125805/23
147 Beaufort Street
Goodwood
7460

Email : info@crowiesplace.co.za
Cell : 082 046 5862

HOLIDAY PROGRAM INDEMNITY & CONSENT FORM

1. CHILD & PARENT DETAILS

- Child's Full Name: _____
- Parent/Guardian Name: _____
- Emergency Contact Number 1: _____
- Emergency Contact Number 2: _____

2. CONSENT FOR OFF-SITE ACTIVITIES (THE PARK & OUTINGS)

I, the undersigned, hereby give consent for my child to participate in supervised daily walks and excursions to the local public park and surrounding areas for the purpose of exercise, picnics, and outdoor play.

• I understand that these outings involve walking to and from the venue and playing in a public space.

• I acknowledge that while the Principal and staff will exercise the utmost care and maintain strict supervision ratios, outdoor play involves inherent risks (e.g., trips, falls, or contact with public equipment).

3. INDEMNITY & RELEASE OF LIABILITY

• I hereby indemnify and hold harmless Crowies Place CC, its Principal, and all staff members against any and all claims, damages, or liabilities arising from any injury, loss, or damage to person or property during the holiday program, including transit to and from the park.

• I understand that the center is not responsible for the loss or damage of any personal items brought from home (e.g., toys, electronics, or clothing).

4. MEDICAL CONSENT & EMERGENCY TREATMENT

• In the event of a medical emergency, I authorize the staff to act in loco parentis (in place of a parent) to seek professional medical help or transport my child to the nearest medical facility if I cannot be reached.

• I agree to be responsible for any medical costs, ambulance fees, or hospital expenses incurred. Sign: _____

• Known Medical Conditions/Allergies: _____

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5. SUN & OUTDOOR SAFETY

• I agree to provide my child with a hat and water bottle daily.

• [ ] I give permission for staff to apply SPF 50+ sunscreen to my child before outings.

• [ ] I will provide my own sunscreen for my child to use.

6. RULES & CONDUCT

I understand that for the safety of the group, my child must follow all staff instructions, especially during road crossings and park play. Repeated refusal to follow safety rules may result in the child being excluded from future outings for their own safety.

Parent/Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____