



Verw. : Driekamp  
 Lêer : Sport  
 Kontak : Mnr. L. Rademeyer  
 Datum : 16 November 2022



Geagte Ouer(s)/Dear Parent(s)

**EVERSDAL DRIEKAMP/TRIATHLON 2022**

This year the Eversdal Triathlon will take place on Friday, 2 December 2022, from 17:00 – 18:30. The motivation for this event is our continued support of a healthy lifestyle for all Evers. This will be a fun event with the emphasis on participation.

Die Driekamp bestaan uit die volgende items:

1. Swem twee lengtes in die swembad.
2. 'n Kort fietsrit rondom die skool (binne en buite die skoolterrein).
3. Hardloop een rondte deur die skool.

Ouers mag saam met hul kinders deelneem.

The following information is important:

- There will be a medal for each participant after the race.
- All participants will earn house points.

As u kind wil deelneem, voltooi asseblief die afskeurstrokie en vrywaringsbrief en handig dit voor of op Dinsdag, 29 November 2022 by die Sportkantoor in. Alle deelnemers sal bykomende inligting en reëlings op Donderdag, 1 Desember 2022, ontvang.

Let asseblief daarop dat geen laat inskrywings aanvaar sal word nie.

You are all encouraged to support this event as it promises to be lots of fun!

Evergroete

**MNR. L. RADEMEYER  
 SAMEROEPER  
 ELEKTRONIES GETEKEN**

**MNR. H. ARANGIES  
 LAERSKOOL EVERSDAL: SKOOLHOOF  
 ELEKTRONIES GETEKEN**

My kind/kinders wil aan die Eversdal Driekamp deelneem.

Naam(e) van kind(ers) en graad:

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Parent(s) taking part: Yes/No (Circle appropriate answer)

Total number of athletes (including parents): \_\_\_\_\_



## GENERAL CONSENT FORM EVERSDAL TRIATHLON

It is widely recognized that attendance at school or any school activity, including participation in excursions, games, sporting or other activity at or through the school, and including the use of transport arranged by the school, may entail risks for a learner. Such risks are part and parcel of life and education.

Acknowledging the foregoing I, \_\_\_\_\_ (full names of a parent/guardian),  
parent and/or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent to my son/daughter/ward, (full names) \_\_\_\_\_ participating in the various activities (including sports activities, games, camps and educational and recreational activities and outings) arranged, organised or offered by the School, and, where relevant, to his/her being transported to and from the said activities by means of transport made available by the school for that purpose.

I further agree that such participation or use shall be at the risk of the learner and his/her parent/guardian. **Insofar as every reasonable and practicable precaution is taken for the safety and welfare of my son/daughter/ward** and for the care of his/her possessions, I hold blameless all other persons, Eversdal Primary School and all organisations associated with the activity, should any prejudice, loss, damage, illness or injury occur to my son/daughter/ward during the above activity, consequent upon my having given permission for his/her participation in the activity.

This includes a waiver against my claiming for recovery of costs resulting from theft, damage, loss and/or medical conditions or hospitalisation, **unless such loss is caused by the negligence, wilfulness or deliberate act of the School or one or more of its employees.**

I furthermore appoint the school staff accompanying the tour or group, or supervising the activity, to act *in loco parentis* in respect of my son/daughter/ward should the need therefore arise, and where it is deemed by them to be necessary to do so, to take such steps as the school deems reasonable in the event of the applicant becoming ill, being injured, or for any reason requiring medical attention.

### RELEVANT INFORMATION CONCERNING YOUR SON'S/DAUGHTER'S/WARD'S CONDITIONS/CIRCUMSTANCES

Does your son/daughter/ward have any medical condition or allergy of which the teachers accompanying the group need to be aware?  YES  NO

If so, please provide details: \_\_\_\_\_

Should medication/hospitalisation be necessary please indicate (if applicable):

- a) Name of your Medical Aid Society: \_\_\_\_\_ Medical Aid No: \_\_\_\_\_
- b) Name of principal member of Medical Aid (usually father or mother) \_\_\_\_\_
- c) Contact details of Medical Practitioner to be contacted for medical history if necessary:  
\_\_\_\_\_
- d) Emergency contact telephone number/s:  
Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name of witness

\_\_\_\_\_  
Signature