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| InskrYWingsvorm  KURSUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KOMMANDO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **AFDELING A: JEUGLID PERSOONLIKE INLIGTING** | | | | | | | | | | | | Van: |  | | | | | | Noemnaam: | |  | | | Volle Name: |  | | | | | | | | | | | Graad: |  | | Lid Nr: |  | | Geslag: | | | Vroulik | Manlik | |  | | | | | | | | | | | | **AFDELING B: KONTAK PERSOON** | | | | | | | | | | | | Van: |  | | | | | Naam: | | |  | | | Verwantskap: |  | | | | | | | | | | | Kontak Nr. (1): |  | | | | | Kontak Nr. (2): | | |  | | | E-posadres: |  | | | | | | | | | | |  | | | | | | | | | | | | **AFDELING C: MEDIESE INLIGTING** | | | | | | | | | | | | Hooflid: |  | | | | | RSA ID Nr: | | |  | | | Mediese fonds: |  | | | | | Lidmaatskap Nr: | | |  | | |  | | | | | | | | | | | | Kos / Mediese Allergieë of Ernstige Mediese Toestande: | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | **AFDELING D: VRYWARING** | | | | | | | | | | | | Hiermee verklaar ek, | |  | | | | | | | | ouer/voog van | | die bogenoemde jeuglid,   * dat ek toestemming gee dat die bogenoemde jeuglid die Na­week mag bywoon; * dat ek Noordpos kommando en Die Voortrekkers vrywaar van enige aanspreeklikheid ten op­sig­te van persoonlike besering of verlies, materiële skade gedurende die tydperk van die Naweek. | | | | | | | | | | | |  | | | | |  | | |  | | | | Handtekening van Ouer/ Voog | | | | |  | | | Datum | | | |  | | | | | | | | | | | |