

LEARNER DECLARATION AND COMMITMENT FORM

IkamvaYouth only works for learners who're committed, hardworking and serious about their future. We do not look at academic results when considering applications, but are looking for young people who're willing to give what it takes to achieve excellence. That's why we're asking you to complete and sign this declaration & commitment form.

I, _____ (full names) hereby declare that I understand and commit to the following (please tick):

1. I will be required to attend every session as follows:
 - 1.1. Homework sessions: twice a week between 3:00pm and 5:00pm
 - 1.2. Saturday sessions: Ever Saturday between 9:00am and 12:00 midday
 - 1.3. Winter School: Every day (Monday to Friday) for the first two (2) weeks of the June/July school holidays
2. If I miss a session, I must/will excuse myself in advance if possible, and provide a letter explaining my absence.
3. If I fail to attend 75% of the above-mentioned sessions, I will be kicked out of the programme.
4. I will be required to present my school report every term as soon as it has been released by my school.

I further commit to :

5. Communicating in English (as often as possible) at the branch
6. Working exceptionally hard
7. Working on my own and bringing specific questions and problems to the tutoring sessions
8. Getting to know the other learners in IkamvaYouth
9. Having **FUN!!!**

Signature of Learner

Date

Witness

Date



PARENT CONSENT AND INDEMNITY FORM

As our services are offered to learners free of charge, it is important that our scarce resources and time are focused on the most committed learners. We also encourage active participation of parents through termly parents meetings, telephonic communication, and letters sent out to parents regularly. For legal reasons, we ask that you please complete and return the following form (please tick relevant boxes).

I _____ (full names), ID No _____, parent/legal guardian of _____ (learner name) hereby provide my consent for him/her to participate in the IkamvaYouth Tutoring Programme.

I understand that my child/ward has committed to attending:

- Homework sessions: twice a week between 3:00pm and 5:00pm
- Saturday sessions: Ever Saturday between 9:00am and 12:00 midday
- Winter School: Every day (Monday to Friday) for the first two (2) weeks of the June/July school holidays

I further understand that if his/her attendance is inadequate, he/she will no longer be offered tutoring or access to IkamvaYouth resources.

I am willing and able to cover the costs of travel for my child/ward to attend sessions 3 times per week during the term and every day during winter school until he/she completes grade 12?

I hereby grant IkamvaYouth permission to publish media (photos and videos), comments and/or work samples of my child/ward on their website, reports, advertising material (flyers/brochures), and social media.

Indemnity

I hereby acknowledge, agree and undertake that:

1. I willingly agree that my child or ward can participate in the IkamvaYouth program activities as stated above and all related activities (transport to and from any event) and willingly accept all the risks associated therewith
2. I hereby release IkamvaYouth from all liability in respect of any claims, damages, injuries, losses, deaths, expenses and liabilities arising out of or in any way connected with participating in the IkamvaYouth program including without limitation:
 - a. any personal injury or loss of life;
 - b. any loss of support, maintenance or other claims or damages arising from or connected with any personal injury or loss of life to my child/ward;
 - c. any loss or damage to property belonging to a child/ward or any other third party.
3. Indemnity under this agreement covers the entire IkamvaYouth project.

Signed at _____ (place) on _____ (date) in the presence of the undersigned witness.

Signature of Parent / Legal Guardian

Full Name (print)

Signature of Witness

Name of witness (print)

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD/WARD OR OUR HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

THIS AGREEMENT MUST BE COMPLETED IN FULL, DATED, SIGNED AND WITNESSED.

Parents or Guardians signature shall be binding on behalf of the child/ward.