



Participant Application Form

SECTION 1 – Participant Information & Agreement

To be completed by the Participant

Participants Name:

Home Address:

..... District:

Gender : ☐ Male ☐ Female

Date of Birth: Age:

Phone: (Home) (Mob):

Email:

Licensed Operator:
(Name of School/Organisation/Group)

Level of Entry: ☐ Bronze ☐ Silver ☐ Gold

Registration fee applicable:

Participant Agreement

I have read and/or have had explained to me, and agree to comply with, the Requirements and Conditions of my participation in The Duke of Edinburgh's Award in Sri Lanka.

Participant's Signature:

Date:

SECTION 2 – Parent/Guardian Consent

This section must be completed by the parent/guardian for Participants under 18 years of age

I,
(full name of parent/guardian)

of
(home address)

..... District.....

Phone (Home)..... (Mob).....

Email:

Am the parent/guardian of (the Participant named in Section 1). I consent to him/her participating in The Duke of Edinburgh's Award in Sri Lanka under the supervision of National Award Division of National Youth Services Council:

Signature of the parent/guardian: Date:

Certified and forwarded

Award Leader Name and Signature: -