**MARCH OF THE LIVING**

**SOUTH AFRICA YOUTH DELEGATION**

**RULES AND REGULATIONS**

In the interest of your child having a safe and secure trip, the following rules are not negotiable and any student breaking these rules will result in your child being sent home unaccompanied at your expense.

* Under no circumstances is anyone to leave the group at any given time without permission.
* Alcohol and drugging – this will be instant dismissal.
* Time adherence. Your child needs to be packed and ready to leave

according to instructions given by tour leader. Not adhering to this will result in a domino effect of being late for the rest of the day. The bus will leave on time.

I have read and understood the above.

SIGNED AT:

DATE:

 \_\_\_\_\_\_\_\_\_

GUARDIAN/MOTHER’S SIGNATURE

 \_\_\_\_\_\_\_\_\_

GUARDIAN/FATHER’S SIGNATURE

 \_\_\_

PARTICIPANT’S SIGNATURE

**MARCH OF THE LIVING**

**SOUTH AFRICA YOUTH DELEGATION**

**CONSENT FORM**

The March of the Living Youth Programme is both emotionally and physically demanding. Whilst we would really like to give every applicant the opportunity to participate, we are attempting to ensure that all those wishing to go fulfil the criteria of this once in a lifetime journey.

We appeal to both parents and applicants to give us as much information as possible to ensure the security and well-being of every one on the tour. To this end we insist that you give us permission to speak to the relevant school counsellors or any outside therapist who can assist in giving your child the best possible support and experience.

All information will be treated with the utmost discretion and confidentiality.

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (parents of participant) give permission to the representatives of the March of the Living to speak to every school counsesllor/outside therapist for  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (name of participants).

Names and Contact Numbers for outside therapists:

SIGNED AT:

DATE:

 \_\_\_\_\_\_\_\_\_

GUARDIAN/MOTHER’S SIGNATURE

 \_\_\_\_\_\_\_\_\_

GUARDIAN/FATHER’S SIGNATURE

 \_\_\_

PARTICIPANT’S SIGNATURE

**NO ONE WILL BE ACCEPTED ON THIS PROGRAMME UNLESS PERMISSION IS GRANTED FOR THE ABOVE.**