



## NATIONAL SCHOOL SPORT CHAMPIONSHIP

YEAR AND SEASON: \_\_\_\_\_

### TEAM OFFICIAL REGISTRATION FORM

<b>Sport code</b>			<b>Province</b>			<b>District</b>						
<b>Name/s</b>					<b>Surname</b>							
<b>Gender</b>		<b>Contact no.</b>			<b>Email</b>							
<b>I.D no.</b>							<b>Race</b>	<b>Black</b>	<b>White</b>	<b>Coloured</b>	<b>Indian</b>	<b>Other</b>
<b>Home address</b>						<b>Urban</b>	<b>Semi-urban/ Township</b>		<b>Rural</b>			
<b>Name of school</b>						<b>EMIS number</b>						
<b>Age group &amp; category</b>					<b>Role in the team: <b>Manager or Coach</b></b>							
<b>Relevant Sport code qualification (Yes or No):</b> <i>If yes, please attach copy of certified certificate</i>												
<b>Name of qualification</b>					<b>Qualification level or number (If applicable)</b>							
<b>Vetting results submitted (Yes/No):</b> <i>If yes, attach results</i>							<b>If no, vet before at the Championships 7 submit results</b>					

### Instructions:

- Paste certified ID here.
- **No photo of ID should be used. (Recent photo required)**
- Certification of ID should not be older than **6 months** on the dates of the NSSC.
  - Any official with Commissioner of Oaths authority can certify the document.
- Provincial DSAC or DoE stamp on both the ID and photo.
  - Stamp signed by provincial DSAC or DoE official.
  - Stamp should be on both the ID and the official's chin, **NOT** face.
- Form should be laminated when submitted to National DSAC.
- **All areas on the form should be completed!**

RECENT COLOUR  
ID PHOTO

No cut-out  
photo

**NB: THIS FORM SHOULD BE PRINTED BACK TO BACK.**

# NEXT OF KIN AND MEDICAL INFORMATION

**Purpose:**

- To provide information of next of kin in a case of an emergency.
- To provide medical and food-related information.

Next of kin		Relation to official	
Contact no.		Email address	
Physical address			
Additional contact person		Surname	
Relation to official		Contact no.	

### Official medical and food-related information

Name of Medical Aid (If applicable)		Medical Aid no.	
Name of main member			
Contact doctor/medical practitioner		Contact no.	
Known food allergies		Medication allergies	
Food dietary requirements (mark with X)	Standard	Vegetarian	Halaal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kosher		
	<input type="checkbox"/>		

### Medical background

Medication currently taking (if applicable)			
If applicable, please give a detailed list of medication and the dosage prescribed			
Medication no.1		Dosage	
Medication no.2		Dosage	
Medication no.3		Dosage	
Covid-19 vaccination: Vaccinated (Yes/No)			If yes, fully or partially
State <b>Yes</b> or <b>No</b> if you has or suffered any of the following medical condition/illnesses.			
Asthma		Epilepsy	
		Heart conditions	
		Bronchitis	
		Sinusitis	
Head injury/concussion		Eye/vision challenge	
		Ear/Hearing disorder	
Chest pains/palpitations		Pneumonia	
		Mental/psychological disorder	
Other (state/explain)			

I, \_\_\_\_\_ hereby voluntarily undertaking the trip and participate in the event, from \_\_\_\_\_ to \_\_\_\_\_-and confirm that I-

- fully understand, the purpose, nature and risks associated with the travelling and participation at the National School Sport Championships;
- understand that in the event of accident sickness (pre-existing, new and Covid-19 related) or injury that all reasonable steps will be taken by the Sport/IG code or provincial official to contact my next of kin and or my relatives indicated to obtain consent for any necessary emergency medical treatment/or any emergency medical operation.
- I give consent for my images to be used in promotional or marketing material related to the National School Sport Championships (***See attached POPIA form for a full information.***)

Signature		Date	
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Form check by: \_\_\_\_\_ (Name of Provincial DSAC/DoE official)