

AUTUMN NATIONAL SCHOOL SPORT CHAMPIONSHIP

EVENT AND YEAR: _____

NSSC Reg. no.

ATHLETE REGISTRATION FORM

| | | | | | | |
|--|---------------|----------|--------------------|----------------------|-------------|-----------------------|
| Province | | District | | | | |
| Name/s | | | Surname | | | |
| Gender | Home language | | | | Contact no. | |
| I.D no. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Home address | | | Urban | Semi-urban/ Township | Rural | |
| School | | | EMIS no. | | | |
| Learner registration no. | | | Grade | | | School quintile level |
| School Principal | | | | | Contact no. | |
| Age group | | | Main Events | | | |
| Qualifying time and/or distance | | | | | | |

Instructions:

- Paste certified birth certificate/ID here.
 - Resize the birth certificate to ensure it fits.
 - Prioritize the top part of the birth certificate when pasting.
- No photo of Birth certificate or ID should be used.
- Certification should not be older than 6 months on the dates of the NSSC.
 - Any official with Commissioner of Oaths authority can certify the document.
- School stamp or provincial DSAC or DoE stamp permitted.
 - Stamp signed by School Principal and provincial DSAC or DoE official.
 - Stamp should be on both the certificate/ID and the athlete's chin, not face.
- Form should be laminated.
- **All areas on the form should be completed!**

RECENT COLOUR ID PHOTO
ONLY

NO CUT-OUT PHOTO
ALLOWED

Note: This form is only for the National School Sport Championships.

NB:

THIS FORM SHOULD BE PRINTED BACK-TO-BACK TO A BE ONE PAGE

PARENT/GUARDIAN CONSENT AND MEDICAL SECTION

Note: This section is to be completed by a parent or legal guardian/person acting in parental capacity of the learner who will be travelling and participating in the National School Sport Championships.

Purpose:

- To give consent for the athlete to participate the National School Sport Championships.
- To provide medical and food-related information of the athlete.

| | | | |
|--|--|---------------------|--|
| Name of parent/guardian | | Relation to athlete | |
| Contact no. | | Email address | |
| Home address | | | |
| Town/City | | | |
| Second parent/guardian | | Surname | |
| Home address (Different to previous one) | | | |
| Relation to athlete | | Contact no. | |

Athlete 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 | | | | | |
| Covid-19 vaccination: Vaccinated (Yes/No) | | | | If yes, fully or partially | | | |
| State Yes or No if athlete has or suffered any of the following medical condition/illnesses. | | | | | | | |
| Asthma | | Epilepsy | | Heart conditions | | Bronchitis | |
| Head injury/concussion | | Eye/vision challenge | | Ear/Hearing disorder | | Sinusitis | |
| Chest pains/palpitations | | Pneumonia | | Mental/psychological disorder | | | |
| Other (state/explain) | | | | | | | |

I, _____ (parent/legal guardian/acting in parental capacity) do hereby consent to the above learner undertaking the trip and participating 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;
- aware of the relevant details associated with this event, including the itinerary, arrangements for travel, accommodation, contact details of the event and other associated details;
- Understand that in the event of accident sickness (pre-existing, new and Covid-19 related) or injury to the above learner that all reasonable steps will be taken by the provincial official to contact me and if I cannot be reached contact my relatives indicated to obtain consent for any necessary emergency medical treatment/or any emergency medical operation.
- I give consent for the athlete's images to be used in promotional or marketing material related to the National School Sport Championships.

| | | | |
|----------------|--|------|-------------------------------|
| Signature | | Date | |
| Form check by: | | | (Name of provincial official) |