

WESTERN CAPE SCHOOLS ATHLETICS



1 SEPTEMBER 2025

INFORMATION LETTER REGARDING South African Schools Athletics – Cross Country Championships

PARENT(S) / GUARDIAN(S)
THE PRINCIPAL
EXECUTIVES AND TEAM MANAGEMENT

Dear Sir / Madam

If you receive this letter it means that your Athlete, Son, or Daughter was selected for the Western Cape Schools Cross Country Cross Country Team. This communication provides you with information regarding the arrangements for the South African Schools Athletics- Cross Country Championships.

The South African Schools Cross- Country Championships will be held at **Rob Ferreira High School, White River Mpumalanga**, over the weekend of **3rd to the 4th October 2025**.

The Western Cape team will travel to, **Rob Ferreira High School, White River Mpumalanga** on **Wednesday 1st October 2025** at **7h00** from the various locations. We will travel back to Cape Town on **Saturday 4th October 2025** immediately after the event. We will be travelling with **Alwierda Bus Company** and stay at **Road Lodge** in White River. The team will be under the supervision of the Western Cape Team Management under leadership of **Ms. Lizelia Maart**

Regions/ districts/ Schools have until **Friday 5 September 2025** at **10h30am** to complete the google form.

<https://forms.gle/yZo7CSA6rb6jKA5b9>

Please send all the Addendums to the General Manager **Ms. Lizelia Maart** at maartl@yahoo.com cc Miss. F. Cassiem the Western Cape Schools Athletics secretary in at fairoezc@gmail.com.

TOURNAMENT EXPENSES: FOR PARENTS ACCOUNT **R 3000-00**

1. Transport and Accommodation
 2. Meals in Transit
 3. Meals During Tournament
- Exclusions
4. Western Cape Athletics - Back- Pack (Optional)
 5. Western Cape Athletics -Track Suit (Optional)
 6. Western Cape Athletics - Participation Attire (Compulsory)
 7. Clothing Service

7.1 Tracksuit	Fieka	021 929 1130/ 067 277 0383
7.2 Running Gear	Van As	Cell 082 975 7952
7.3 T-shirt	Fieka	021 929 1130/
7.4 Bag and Soft Cell Jacket	Lakey Enterprises	083 760 1986

Clothes will be distributed in the regions beforehand.

THE AMOUNT **MUST BE PAID INTO THE ACCOUNT REFLECTED BELOW by Friday 26 September 2025:**

ACCOUNT NAME: Western Cape Schools Athletics

BANK: ABSA

BRANCH: Paarl

ACCOUNT NUMBER: 4059294250

Athletes Names and Age Group must be used as Reference [eg. Piet Grootboom B12]

(Please Email Deposit Slips too: Mr. Chris Boonzaaier at - chribo233@gmail.com as proof of payment.

TRANSPORT ITINERARY:

DEPARTURE: Wednesday 1 October 2025

2 x 60-Seater Busses via the N1

1x 60 – Seater bus via N2 and N12 to N1

Please adhere to the following pick-up points and times.

It's advised for athletes to report a half an hour before departure.

Pick up points	Contact Person	Cell no.	Time
1. WC Sport School ; Kuilsriver	Aneesa Abrahams	082 258 0874	7h00
2. Dal Josaphat Stadium Paarl	Ms Desiree Pharo	072 583 1216	8h00
3. Worcester Mountain Mill Mall [KFC]	Llowelen Syce	071 515 4486	9h00
4. Caltex Garage Caledon	Ms Lorencia Jacobs	078 452 9355	6h00
5. Swellendam	Ms Lorencia Jacobs	078 452 9355	7h30
6. Riversdale Spur	Ms Lorencia Jacobs	078 452 9355	8h30
7. Albertina Shell Garage	Ms Lorencia Jacobs	078 452 9355	9h15
8. Mossel Bay Checkers Heiderand	Ms Lorencia Jacobs	078 452 9355	10h30
9. Checkers York Street George	Mr Reggie Mitchell	084 919 9506	11h00
10. Busses meet up in Beaufort West	Ms LizeliaMaart	065 731 2554	14h00

Athletic greetings

F. Cassiem

General Secretary

Western Cape Schools Athletics

WESTERN CAPE SCHOOLS ATHLETICS



CHAIRPERSON: BRANDON DU PLESSIS
bduplessisathletics@gmail.com

SECRETARY: Faroez Cassiem
fairoezc@gmail.com

1 SEPTEMBER 2025

ACCEPTANCE FORM FOR SELECTION FOR WESTERN CAPE ATHLETICS – CROSS COUNTRY TEAM TO THE SASA – CROSS COUNTRY CHAMPIONSHIPS – **Rob Ferreira High School, White River Mpumalanga**

I/We _____ Parent/Gaurdian of _____

Boys /Girls _____yrs) /Athlete Name: _____ Boys/Girls) hereby do Except the selection to be part of the Western Cape Cross Country Team to represent Western Cape at the SASA National Cross Country Championship on **3 & 4 October** in **White River Mpumalanga**.

1. I undertake to pay the **R 3000-00** in the **Western Cape Athletics Bank Account** on or **before 24 September 2025** and e-mail deposito slip to the treasurer Mr Boonzaaier at chribo233@gmail.com.

2. I/We will make arrangements with the Western Cape Team Management to sign off athlete/s after his/her event to travel back home with me. the parent/gaurdian to Cape Town. (Proof of Guardianship needed)

Signed at this _____ day of _____ 2025 _____ VENUE

Signature of Mother / Father / Guardian: _____ Cell/Contact No _____

WESTERN CAPE SCHOOLS ATHLETICS



CHAIRPERSON: BRANDON DU PLESSIS
bduplessisathletics@gmail.com

SECRETARY: Faroez Cassiem
fairoezc@gmail.com

1 SEPTEMBER 2025

INFORMATION LETTER REGARDING South African Schools Athletics – Cross Country Championships

PARENT(S) / GUARDIAN(S)
 THE PRINCIPAL

Regions/ districts/ Schools have until **Tuesday 12 September 12h00** to return the following to the General Manager **Ms. Lizelia Maart** at maartl@yahoo.com cc Miss.F.Cassiem,the Western Cape Schools Athletics secretary at fairoezc@gmail.com.

1. ☐ My Son/Daughter/Athlete (Name and Age Group: _____; B/____ or G/____) won't make use of team bus and will make use of own accommodation. (Parents that make use of this option need to be at the accommodation of the rest of the team at 20h00 to receive accreditation and competition numbers for competition day) COST **WILL BE R3000-00**

2. ☐ My Son/Daughter/Athlete (Name and Age Group: _____; B/____ or G/____) won't make use of the team bus but will make use of accommodation as arranged by Western Cape Schools Athletics Executive.

Parents selecting above options should please complete Addendum A attached and e-mail it to General Manager _____ at, _____ cc Miss. F. Cassiem the Western Cape Schools Athletics secretary at fairoezc@gmail.com.

Parents failing to complete and send Addendum A will be responsible for the full amount due because management then except that the athlete/son/daughter will be travelling with bus and stay at accommodation as arranged by Western Cape Schools Athletics Executive.

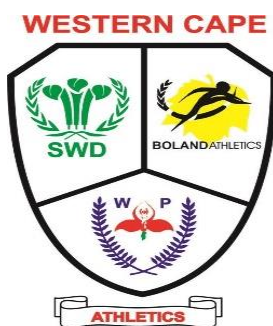
 Signed parent/School's Principal

School Stamp

 Date

Cell no. _____

WESTERN CAPE SCHOOLS ATHLETICS



CONDITIONS OF PARTICIPATION

- The Western Cape Schools Team is selected with the expectation that all members of the team will perform to the best of their abilities during the SASA National Cross- Country Championship.
- If it becomes clear that the athlete does not have the same objective, the athlete will be withdrawn from the team with immediate effect.
- Athletes that carry an injury, or any form of illness must withdraw from the team. Withdrawal must be by means of a medical certificate only.
- The athlete must always carry a legal form of identification.
- The conduct of all Members of the Team must be always exemplary and must adhere to general ethic values of society.
- The rules of the Team Management must be always adhered to.
- Team Management will have the authority to conduct hearings for those who do not adhere to the rules of Team Management and the decisions taken at hearing will be binding.
- No alcohol or any other illegal substances may be in the possession of a Team Member.
- Team Members are not allowed to smoke, drink alcohol, or take in any illegal substance while wearing Western Cape Athletics attire and representing the team in his/her official capacity.
- Team Members must always contribute to the team spirit.
- Be always punctual.
- Team members must perform all their duties when required to do so.
- The appearance of the Team, both collectively and individually, must be always neat.
- The wearing of excessive jewelry or clothing that is not socially acceptable, is not in the spirit of the sport and will not be allowed.
- Be cautious when taking in any fluids, substances, medicine that is not cleared by the Team Doctor or Medical Practitioner.
- The intake of any medicine prior to the team gathering must be declared. Athletes that used illegal medicines or substances prior to the Championships will be withdrawn from the team with immediate effect.
- Athletes that take medicines prescribed by a doctor must be able to always present the doctor's prescription during the competition.
- Team Members must take responsibility for their own personal belongings.
- The Team Management or the Western Cape Schools Athletics Structure will not be held accountable for any loss of personal property.
- Members of the team that are found guilty of misconduct such as stealing, damage to property, any form of discrimination, intolerance against their fellow human beings, etc. will be withdrawn from the team with immediate effect and disciplinary action will follow.
- The interest of the team is always more important than that of the individual.
- Due to practical reasons the team must remain together for the duration of the competition.
- Members of the team not adhering to this rule will be withdrawn from the team

WESTERN CAPE SCHOOLS ATHLETICS



I _____ (Full name and surname of parent / guardian)

Herewith give consent for my daughter / son _____ (full name(s) and surname) to participate in the South African Schools Cross Country National Championships to be held at **Rob Ferreira High School, White River Mpumalanga** on **3rd & 4th October 2025**.

I am aware that the WC Schools Athletics accept no responsibility for any loss, injury or damage that the person or property of my child may sustain whilst engage in any activity, and I waive my right that I have, in so far as I am able, and my child may have to claim compensation against SASA and WC organizers or other members in respect of any loss, injury or damage incurred whilst engaged in the Championship howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all claims of such activity.

I am aware that the attendance at this excursion and the activities which may take place during this excursion may hold the possibility of physical injuries. I accept that all reasonable precautions will be undertaken to ensure the safety and welfare of my child.

To the best of my knowledge, my child is in good health and physically able to participate in the said Championship. I / We, as parent(s) / guardian(s), hereby give permission to the Team Management or their representatives, to authorize medical care / treatment should it be required for my child. I / We request the Team Management to note the following:

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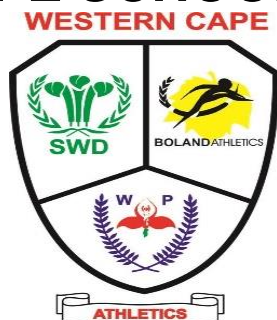
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(Please mention information concerning your child's health, allergies, etc. and / or activities in which he / she may participate.)

Signed at this _____ day of _____ 2025 at _____ VENUE

Signature of Mother / Father / Guardian: _____ Cell/Contact No _____

WESTERN CAPE SCHOOLS ATHLETICS



MEDICAL QUESTIONNAIRE - LEARNER / EDUCATOR INFORMATION

NAME: _____

SURNAME: _____

ATHLETE'S CELL NUMBER _____

DATE OF BIRTH: _____

NAME OF SCHOOL: _____ TEL: - _____

NAME OF PARENT / GUARDIAN: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ WORK: _____

CELL PHONE: _____

Do you belong to a Medical Aid? YES / NO

NAME OF FUND: _____

MEDICAL AID NUMBER: _____

FAMILY DOCTOR: _____

Is your child allergic to any food? YES / NO

Is your child allergic to any medication? YES / NO

If yes, please give details: _____

Signature of Parent / Guardian: _____

MARK WITH AN X

FOOD REQUIREMENTS:	KOSHER FOOD	HALAAL FOOD
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