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|  **NATIONAL SCHOOL SPORT CHAMPIONSHIP****EVENT AND YEAR:** NSSC Reg. no.**TEAM OFFICIAL** REGISTRATION FORM |
| Province |  | District |  | Municipality |  |
| Name/s |  | Surname |  |
| Gender |  | Contact no. |  | Email |  |
| I.D no. |  |  |  |  |  |  |  |  |  |  |  |  |  | Race | Black | White | Coloured | Indian | Other |
| Home address |  | Urban | Semi-urban/ Township | Rural |
| Name of school |  | EMIS number |  |
| Sport code, Age group & category |  | Role in the team: **Manager or Coach** |  |
| Relevant Sport code qualification **(Yes or No):** *If yes, please attach copy of certified certificate* |  |
| Name of qualification |  | Qualification level or number (If applicable |  |

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| **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.
 | RECENT COLOUR ID PHOTONo cut-out 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!**

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

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| **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.
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| 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 | Kosher |
| **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 **Yes** or **No** 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).***
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| Signature |  | Date |  |
| Form check by: (Name of Provincial DSAC/DoE official) |