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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 | | | | | | | | |  | | | |

|  |  |
| --- | --- |
| **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 PHOTO  No 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. | | | | | | | | | | | | | | | | | | |
| 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).*** | | | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | Date | | |  | | | | | |
| Form check by: (Name of Provincial DSAC/DoE official) | | | | | | | | | | | | | | | | | | |