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|   **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. |  |  |  |  |  |  |  |  |  |  |  |  |  | Race | Black | White | Coloured | Indian | Other |
| 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:

**RECENT COLOUR ID PHOTO ONLY**

**NO CUT-OUT PHOTO ALLOWED**

* 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!**

**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**

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| **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 | 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 |  |
| 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 |  | Sinusitis |  |
| Head injury/concussion |  | Eye/vision challenge |  | Ear/Hearing disorder |  |
| 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) |