sport, arts & culture

basic education



NSSC Reg. no.

NATIONAL SCHOOL SPORT CHAMPIONSHIP EVENT AND YEAR:_____

TEAM OFFICIAL REGISTRATION FORM

Province	Distr								Dis	strict					Μ	unicipali	ity			
Name/s														Surname						
Gender	Contact no.												Email							
I.D no.														Race	Black	White	Coloured	b	Indian	Other
Home address										Urban Semi-u			ban/	' Township	Rural					
Name of school														EMIS number						
Sport code, Age group & category					Role in the						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 appl							plicable							

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.
 - 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.

RECENT COLOUR ID PHOTO

No cut-out photo

NEXT OF KIN AND MEDICAL INFORMATION

Purpose:

- To provide information of next of kin in a case of an emergency. •
- provide medical and food-related info То **~+**;

• To provide medical and food-related information.														
Next of kin					ial									
Contact no.					Email ad	dress								
Physical addres	SS													
Additional cont	act perso	n												
Relation to offic	cial				Contact I	า0.								
	Official medical and food-related information Name of Medical Aid (If applicable) Medical Aid no.													
Name of Medic	al Aid (If	applicable)											
Name of main	member													
Contact doctor/	/medical p	oractitione	r											
Known food all	ergies				Medicatio	gies								
Food dietary re	quiremer	nts (mark v	vith X)) Standard	Vegeta	irian	Halaa	al	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	2				Dosage									
Medication no.	3				Dosage									
Covid-19 vacci					If yes, fully or partially									
	o if you h		ered a	ny of the following	medical co				[
Asthma		Epilepsy	Evely	Heart conditions		Bronc			Sinusitis					
Head injury/cond Chest pains/palp				vision challenge	Mental/ps		earing d							
Other (state/exp			THEU	intonia	wondi/p3	ycholog		JIUCI						
\ I	/													
I,					hereby	voluntai	rily und	ertaking	the trip	and				
I, hereby voluntarily undertaking the trip and participate in the event, from toand 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														
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			1						
								1						