



AUTUMN NATIONAL SCHOOL SPORT CHAMPIONSHIP
EVENT AND YEAR: _____

NSSC Reg. no.

ATHLETE REGISTRATION FORM

Province				District				Municipality				
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.					
Sport code				Age group				Events				

Instructions:

- 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!**

**RECENT COLOUR ID PHOTO
ONLY**

**NO CUT-OUT PHOTO
ALLOWED**

NB:

THIS FORM SHOULD BE PRINTED BACK TO BACK TO BE ONE PAGE

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
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Form check by: _____ (Name of provincial official)