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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Text  Description automatically generated  **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. | | |  | | |
| Sport/IG code | | | | | |  | | | | | Age group | | | |  | | | Category | | |  | | |

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!**

**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 | | |  | | | | | |
| Form check by: (Name of provincial official) | | | | | | | | | | | | | | | | | | |