

2024 Registration Form

SURNAME																	
NAME																	
DATE OF BIRTH]								
ID NUMBER	d	d	m	<u>m_</u>	<u> </u>	<u> </u>	<u>v</u>	<u> </u>	<u> </u>								
AGE GROUP		Primary Schools							1	ι							
CLASSIFICATION	(b	(born 2011 and later)									(borr						
		Seniors								Masters							
		(born 1995 - 2004)								(born 1994 and earlier)							
SEX		Male					F	ema	le	Other							
Information required if the Club applies for Lotto funds.																	
RACE		Black					Mixed				Jun]		Asiar	า		
	I	Indian					١	Whit	e	Other							
EMAIL (ATHLETE)																	
EMAIL (MOTHER)																	
EMAIL (FATHER)																	
EMAIL (OTHER)																	
TEL NO (HOME)				-													
CELL PH (ATHLETE)																	
CELL PH (MOTHER)																	
CELL PH (FATHER)																	
CELL PH (OTHER)																	
POSTAL ADDRESS																	
POSTAL CODE																	
HOME ADDRESS																	
POSTAL CODE																	

Events the athlete want to	receive co	oaching ii	i / Colli	pete	<u>: 111.</u>											
Sprints			Tripl	le Ju	mp											
Middle / Long distances			Shot	: Put							1					
Steeple Chase			Jave	lin T	hrow	/					1					
Hurdles		cus Throw							1							
High Jump			Ham	ammer Throw							1					
Pole Vault			Race	. Wa	Walking						1					
Long Jump				i Events						1						
Name&Surname of Coach		T									I I					
ivanie@Surname or Coacii																
FEES PAYABLE AT REGISTRA	ATION:															
Registration fee / Members	hip fee / S	Social mei	mber		R32	0 per	cale	nda	r yea	ar						
License number Senior									R180 per calendar year							
License number Junior									R60 per calendar year							
Management									No fees payable							
Coaches									No fees payable							
Amount payable					R							!				
Timount payable					•••						l.					
ABSA BANK - BELLVILLE AT	LETIEKKL	UB - ACC	OUNT N	NUM	IBER	406	754	3471	L - B	RANG	сн сс	DDE 6	320	05		
<u>Payment via:</u> Cash		EFT				1	Date	paid	l							
SIGNATURE of ATHLETE or G		DA						TE								
		OFF	ICE USE	ON	LY								_	\		
Proof of payment receive	ved:	Yes		No)		
Receipt numb	er															
ASA LISENCE N	IUMBI	ER]						
Registration Office	 er									 Date	of re	gistra				

<u> Disclaimer - Bellville Athletics Club</u>

There are risks associated with exercising and using the Bellville Stadium and equipment, which can result in serious injury and even death.

I accept that it is my responsibility to ensure that I am medically fit to exercise and I will seek medical advice if I am unsure of my medical condition.

I understand and agree to the following disclaimer: to the fullest extent permitted by law, Bellville Athletics Club and persons connected therewith, shall not be liable for any injury, loss or damage whatsoever and howsoeverarising, suffered by me or any of my dependents, including, but not limited to, injury, loss or damage to persons or property from a negligent (other than a grossly negligent) act or omission of Bellville Athletics Club and persons connected therewith.

I agree that anyone entering the premises of the Bellville Stadium, including the grounds, does so entirely at their own risk.

Signature - MEMBER and/or Parent/Legal Guardian

In the event of the member being a minor:

I hereby indemnify the club and persons connected therewith from any future claim by my dependant, which may arise upon my dependant attaining the age of majority, for any injury, loss or damage whatsoever and howsoever arising, suffered by my dependant, including, but not limited to, injury, loss or damage to person or property from a negligent (other than a grossly negligent) act or omission of the Bellville Athletics Club and persons connected therewith.

_____ Signature - Legal Guardian

Bellville Athletics Club reserves the right to claim compensation from the member for any damages, caused by the malicious conduct of the member, to the premises and/or equipment of the Club.