

WESTERN PROVINCE ATHLETICS

Green Point Athletics Stadium, Vlei Rd, Green Point
PO Box 101, Lansdowne, 7779
Tel: 021 418 3232
www.wpa.org.za

WPA DEVELOPMENT COACHING CLINIC – 16 FEBRUARY 2019 - REGISTRATION FORM

Please send the registration form together with the signed indemnity to
youth@wpathletics.co.za

Name: Age..... DOB

Gender: Female/Male School:

Address: Parents name:

..... Cell number:

..... Work number:

Postcode:

Contact email address:.....

Medical Aid Information:.....

Are there any medical conditions that we need to be aware of?.....

.....

Any physical or mental disability: Yes/No

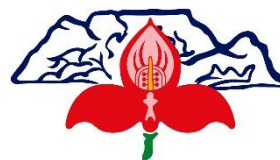
If Yes, please give details:

Name of Parent/Guardian:

Signature of Parent/Guardian:Date:

Board Members

Lester Cameron (President) | Jakes Jacobs (Vice President) | Candyce Hall | Francois Gouws | Stefano Kruger | Mariana Meyer | Allen Barnes | Michael Schouw | Adnaan Mohamed | Gavin Burgess | Waleed Donough



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ATHLETICS COACHING CLINIC 16 FEBRUARY 2019 INDEMNITY FORM

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED PRIOR TO THE ATHLETE BEING ALLOWED TO PARTICIPATE.

I, the undersigned: (FULL NAME AND SURNAME OF PARENT OR GUARDIAN)

_____ Contact No: _____

gives permission for: (FULL NAME AND SURNAME OF CHILD)

I, THE PARENT/GUARDIAN OF THE ABOVE-NAMED ATHLETE, HEREBY CONSENT TO THE ATHLETE'S PARTICIPATION IN THE RUN, JUMP, THROW ATHLETICS OPEN DAY TO BE HELD ON 16 FEBRUARY 2019. I HEREBY AGREE THAT IN THE EVENT OF ANY ACCIDENT CAUSING INJURY OR DAMAGE TO THE PERSON OR PROPERTY OF THE ATHLETE THAT MAY RELATE TO, ARISE OUT OF, OR CONCERN THE ATHLETE'S PARTICIPATION IN THE RUN, JUMP, THROW ATHLETICS OPEN DAY. I UNDERTAKE TO HOLD HARMLESS AND HEREBY UNCONDITIONALLY INDEMNIFY WESTERN PROVINCE ATHLETICS AND ITS COACHES AGAINST ALL CLAIMS, CAUSES OF ACTION AND DAMAGES, HOWSOEVER ARISING, FOR WHICH THEY OR EITHER OF THEM MAY BECOME LIABLE BY REASON OF SUCH INJURY OR DAMAGE, WHETHER BROUGHT BY THE ATHLETE OR BY ANY PERSON HAVING A LEGAL INTEREST IN THE PROPERTY OR PERSON OF THE ATHLETE.

I UNDERSTAND THAT THIS RELEASE OF CLAIMS AND INDEMNITY APPLIES TO ACCIDENTS, DAMAGES, OR INJURIES, HOWSOEVER CAUSED, EITHER IN WHOLE OR IN PART, AND WHETHER OR NOT BY ANY NEGLIGENT ACT OR OMISSION OF WESTERN PROVINCE ATHLETICS AND/OR THEIR COACHES OR ANY OTHER OF THEIR REPRESENTATIVES OR AGENTS.

Signed: _____

(Parent/Guardian)

Signed: _____

(Witness / Coach / Club)

Place: _____

Place: _____

Date: _____

Date: _____

Emergency Contact number (cell): _____

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VAT Reg: 4530134404 / PBO No: 930007993