



AGE GROUP: _____

PHYSIO/MEDIC REGISTRATION FORM

PLEASE ATTACH A CLEAR, RECENT PASSPORT SIZE PHOTOGRAPH OF THE PHYSIO/MEDIC AND A CERTIFIED COPY OF THE PHYSIO/MEDICES ID DOCUMENT (DO NOT SUBMIT ORIGINAL) *NB! ONUS IS ON THE CLUB EXECUTIVE TO ENSURE MEDICAL/TECHNICAL MEMBERS HAVE A VALID POLICE CLEARANCE THAT IS NOT OLDER THAN 6 (SIX) MONTHS.*

TO BE COMPLETED BY THE PHYSIO/MEDIC

CLUB REGISTERING FOR: _____

SURNAME: _____ FIRST NAME: _____

CELLPHONE NUMBER: _____ WORK NUMBER: _____

EMAIL ADDRESS: _____

ID NUMBER: _____ DATE OF BIRTH: _____

MySAFA No.: _____

Medical Qualifications (Please attach copy of below certifications)

First Aid: _____

Physio: _____

Other: _____

I, (Full Name) _____, HEREBY AGREE TO CONFORM AND ABIDE BY THE CONSTITUTION, RULES AND REGULATIONS OF THE RAND CENTRAL LOCAL FOOTBALL ASSOCIATION AND THAT OF SAFA.

SIGNED: _____ DATE: _____

TO BE COMPLETED BY CLUB OFFICIAL

THIS SECTION TO BE COMPLETED BY AN OFFICAL REPRESENTATIVE OF THE AFORE MENTIONED CLUB AS DULY AUTHORISED HERETO.

I, (FULL NAME) _____ IN MY CAPACITY AS _____

OF _____ (CLUB), HAVE CHECKED THE INFORMATION HEREIN AND ATTACHED HERETO FOR IT'S ACCURACY AND AUTHENTICITY. I DO HEREBY AGREE TO THE ABOVE-MENTIONED PERSON BEING REGISTERED AS A MEMBER OF OUR CLUB.

SIGNATURE: _____ Date: _____