



ATLANTIC RUGBY ACADEMY

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NPO 174060

Player details:

Surname: _____ First names: _____
Age: _____ DOB: * _____
School: _____ Cemis no: _____
Field position (e.g. prop, centre etc): _____ *supply ID/Birth certificate

Contact details:

Parent/Guardian (Full name): _____
Address: _____
_____ Postal code: _____
Telephone #: _____ Work #: _____
Cellphone #: _____ Email: _____

Medical details:

Medical Aid: _____ Number: _____
Family doctor: _____ Phone: _____
Allergies: _____ Current medication: _____

Declaration of Indemnity:

I, _____, parent of _____, understand that whilst all reasonable care will be taken to ensure personal safety and security, Atlantic Rugby Academy, its coaches and its organisers cannot be held liable for any loss of property, accidents or injuries sustained by participants.

Parent's signature: _____ **Date:** _____

POPI:

I hereby consent to images of and information concerning this player being used by ARA / GRFC for the purposes of publicising their activities.

Parent's Signature: _____ **Date:** _____

Child's Signature: _____ **Date:** _____

Subscriptions: R 500,00 per term where possible