



## School of Excellence Academy Registration Form

Please complete the following questions below and hand in on the registration date at the first scheduled SOEA training along with a copy of proof of payment. Thank you

Section One – Players Details	
Name and Surname of Player	
Female <input type="checkbox"/> or Male <input type="checkbox"/>	Senior Primary <input type="checkbox"/> Or High School <input type="checkbox"/>
Players contact number	
Players ID Number	
Size of T =shirt (please use the players practise shirt from KZN trainings as a size guideline)	XXS <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/> ( <i>we will not be liable for any incorrect order placings</i> )
Caps are given out as part of the SOEA commitment fee however should you wish to order a peak at R85 per visor please indicate here:	Yes please order a visor <input type="checkbox"/> No thanks <input type="checkbox"/>
Gr 4 <input type="checkbox"/> Gr 5 <input type="checkbox"/> Gr 6 <input type="checkbox"/> Gr 7 <input type="checkbox"/> Gr 8 <input type="checkbox"/> Gr 9 <input type="checkbox"/> Gr 10 <input type="checkbox"/> Gr 11 <input type="checkbox"/> Gr 12 <input type="checkbox"/>	2018 KZN Team was: eg. U13A Girls _____
School Name:	
Date of Birth: _____	Current Age: _____
Ethnic Group: Black <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/>	<i>We are required by the Department of Sport to obtain this information</i>
Parents are: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Seperated <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>	Lives with in the case of divorce: Mother <input type="checkbox"/> Father <input type="checkbox"/> 50/50 custody <input type="checkbox"/>
Section Two – Parents/Guardian details	
Name and Surname of Mother	
Name and Surname of Father	
Contact Number for Mother	
Contact Number for Father	
Email of Mother	
Email of Father	
Medical Aid: YES <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please complete membership number: _____
Medical Name: _____	Medical Aid plan: _____



Main Member Name and Surname	
Physical address of player (please include postal code)	
<b>Photo Permission</b>	
<p>We (Parent's name and surname) _____ of (Player's name and surname) _____ give permission <input type="checkbox"/> or do not give permission <input type="checkbox"/> for the KZN Schools Softball Association to take photos of my child and use for the purposes of social media marketing. We may at times for marketing purposes mention your child's name and school name. Should you wish for us not to do this, please tick the appropriate box above.</p> <p>Please sign to confirm the above: _____</p>	
<b>Indemnity Form</b>	
<p>I (Parent/Guardian – Name and Surname) _____ of (Player name and surname) _____ hereby confirm that we will not hold KZN Schools Softball Association or any of their subsidiary programmes, facilities, officials, coaches, staff, committee, liable for any injury, loss or death.</p> <p>Signature of acceptance of the above and all of the form: _____</p> <p>Signed at: _____ on ____ day _____ month 2019</p>	
<b>Official Use</b>	
Commitment Fee of R250 paid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of payment attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of payment shown via phone	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment made via Zapper	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the player order any extra items?	Practise shirt – extra R100 Yes <input type="checkbox"/> No <input type="checkbox"/> Visor at R80 Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Amount Due (please indicate)	R _____