



BOLAND TWEEKAMP

Voorsitter: Len Symington Sel; 0828752257, Faks 0866188569: Epos: symingtonl@pvbm.co.za
Web – www.bolandtweekamp.org.za

REGISTRASIEVORM / REGISTRATION FORM - VIR SKOLE EN KLUBS/ FOR SCHOOLS AND CLUBS – 2021/22

VOLTOOI ASSEBLIEF IN DRUKSKRIF/PLEASE COMPLETE IN BLOCK LETTERS

NAAM VAN SKOOL OF KLUB/ NAME OF SCHOOL OR CLUB

E-POS ADRES/ E- MAIL ADDRESS

--

NAAM VAN KONTAK PERSOON/ NAME OF CONTACT PERSON

--

KONTAK TEL NOMMER/ CONTACT TEL NUMBER

SEL: CELL	LANDLYN:LAND-LINE
-----------	-------------------

VRYWARING/EXEMPTION

Ons vrywaar Boland Tweekamp of enige van sy bestuurslede van enige eis wat mag voortspruit uit my deelname aan Boland Tweekamp. Ek verklaar dat , sover my kennis strek, die atlete gesond is om aan die sport deel te neem. Ons aanvaar dat die individu ten volle verantwoordelik is vir al sy moontlike mediese uitgawes indien 'n besering opgedoen word./ We, exempt Boland Biathlon, or any of its management, against any claim which we may have in regard to any injury, illness or loss whatsoever. As far as I know the athletes are physically capable of participating in this sport and in good health. We accept that the individual shall be held responsible for the payment of medical and/or hospital accounts should an injury be sustained.

GEDRAGSKODE/CODE OF CONDUCT

Ek stem saam dat die skool/klub wat ek verteenwoordig by Boland Tweekamp sal deelneem gedurende die seisoen en onderneem om te verseker dat die atlete hulle onderwerp aan die Gedragskode soos uiteengesit op Boland Tweekamp se webwerf / I agree to ensure that the school/club who I represent will compete with Boland Tweekamp during the season and that the athletes will abide by the Code of Conduct as outlined by the Boland Tweekamp on the website:-

Handtekening (Verteenwoordiger)/ Signature (Representative):

_____ Datum/Date: _____

(SLEGS VIR KANTOOR GEBRUIK/ FOR OFFICE USE ONLY):

KWITANSIE NO/RECEIPT NR:	DATUM/DATE:
EFT BETALING. MERK MET X AS DIT GEDOEN IS	