

## TEAM KWAZULU – NATAL

### Letter of Acceptance to KZN School Swimming Team: SA Schools Swimming Limpopo

9<sup>th</sup> – 13<sup>th</sup> April 2017 – EMAIL TO [brendajanssens@gmail.com](mailto:brendajanssens@gmail.com) by Friday 10<sup>th</sup> March 2017.

I \_\_\_\_\_, Parent / Guardian of below player, hereby consent to their participation at the SA School Swimming Championships. I acknowledge that all swimmers will travel and be accommodated as a team. Parents welcome to travel and support at own cost.

<b>PLAYER ACCEPTANCE AND REGISTRATION</b>									
Sport Code	Swimming								
Age Category									
Gender									
School Name						School Contact No.			
EMIS Number									
District									
Full Name of SWIMMER as per ID								Attach copy of ID Or Birth Certificate	
Surname of SWIMMER as per ID									
ID Number of SWIMMER									
Ethnicity of SWIMMER									
Parent/ Guardian Name									
Parent/ Guardian Contact Number									
Address Street Number & Name									
Address Suburb/Town									
Address City									
Medical									
Dietary Preference									
Medical Aid (Y/N)								Attach copy of medical aid card	
Medical Aid Number									
Medical Aid Main Member								Attach copy of ID of main member	
Attire									
Children size			Adult						
	Age 11-12	Age 13	S	M	L	XL	XXL	XXXL	Other
T-Shirt Size									
Tracksuit Size									
Short Size									

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_