

South African Rugby League

Private Bag X9
Melville
Postbox 343
2109



MEMBERSHIP REGISTRATION FORM

I hereby apply to be enrolled as a member of South African Rugby League in the following capacity:

Official		Administrator		Coach	
Match Official	N/A	Senior Player (18 & Older)		Junior Player (11-18)	
Mini League Player (Up to 10)		Club Supporter Member		Club Social Member	

RUGBY LEAGUE CLUB:		Club Members Card no:	
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South African Rugby League Registration number:	SARL ADMIN
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SURNAME:	
FULL NAMES:	
NICK NAME:	
IDENTITY NUMBER:	
RESIDENTIAL ADDRESS:	

CONTACT DETAILS:

HOME TEL NO.:		MOBILE NO.:	
WORK NO:		FAX NO:	
E-MAIL:			

MEDICAL AID:		MEDICAL AID No.:	
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IN-CASE OF EMERGENCY (NEXT-of-KIN):

NEXT-of-KIN (1):		MOBILE NO.:	
NEXT-of-KIN (2):		MOBILE NO.:	

DATE:	
SIGNATURE (Applicant):	
SIGNATURE CLUB CHAIRMAN/ SARL REPRESENTATIVE	

SOUTH AFRICAN RUGBY LEAGUE INDEMNITY FORM

I (FULL NAME AND SURNAME)

..... (IDENTITY NUMBER)

..... (SARL REGISTRATION NO.)

Hereby indemnify the South African Rugby League Board and affiliates against any claim that may arise from any of the following:

- Acts of God.
- Vehicle accidents enroute to and from playing venues.
- Loss of goods during matches/practises.
- Financial loss due to my participation as an amateur player.
- Financial loss during matches/practises.
- Injuries during practises or matches playing at Mini League, Junior League, Club, Regional Provincial, Provincial, National or International level.

It is hereby recorded that I the above person is an amateur Rugby League player – and it is an expressed condition that I must have my own medical scheme for my medical expenses.

The obligation rests entirely with the player to ensure that the above condition have been fulfilled and the player hereby holds the SARL Board and affiliates blameless for any medical or other costs that may be incurred due to non-compliance of the above and hereby accepts full responsibility for payment of all medical bills and costs.

SIGNED AT THIS DAY

OF..... 20

THE PLAYER

THE PARENT/GUARDIAN (IF UNDER21)

PRINT NAME AND IDENTITY NUMBER

WITNESS

A PLAYER WILL NOT BE ALLOWED TO PLAY ANY MATCHES UNDER THE AUSPICES OF SOUTH AFRICAN RUGBY LEAGUE UNLESS THIS FORM IS DULY COMPLETED AND REGISTERED WITH SOUTH AFRICAN RUGBY LEAGUE.

ADMINISTRATORS AND OFFICIALS WILL NOT BE ALLOWED TO PARTICIPATE IN ANY SOUTH AFRICAN RUGBY LEAGUE ACTIVITY UNLESS THIS FORM IS DULY COMPELTED AND REGISTERED WITH SOUTH AFRICAN RUGBY LEAGUE.