

2019 AFRICA GAMES INTENT TO PARTICIPATE FORM

Individuals wishing to participate in the 2019 Africa Games must complete this form and return it with the entry fee of R500.00 (only applicable in the event that the athlete is not participating in the SA Cup Competition or the WC & WAGC trials) payable to the South African Gymnastics Federation by 15th March 2019

Individuals Full Names _____

Club Name _____

Province _____

Performance Type

<input type="checkbox"/>	Individual Trampoline	<input type="checkbox"/>	Synchro Trampoline	<input type="checkbox"/>	Both
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Participants Details

Date of Birth:
Gender:
ID Number:
Passport Number:
Passport Expiry Date:
Participating Age Group:
Next of Kin Contact No:
Next of Kin: Email Address

Clothing Sizes

Description	Size	Description	Size
Tracksuit		Boys Shorts	
Leotard		Boys Longs	
T Shirts		Girls Ski Pants	

Submission deadline is March 15th 2019

NB ** Please submit a colour copy of passport and an electronic ID photo with the intent to participate form.**

1. I would like to declare my intent to PARTICIPATE / ALLOW MY CHILD (delete incorrect selection) to participate in the AFRICAN GAMES (delete the incorrect selection) in 2019. I understand that signing this form does not

require ME / MY CHILD (delete incorrect selection) to participate and that I / MY CHILD (delete incorrect selection) may decide not to participate without consequence, providing that I inform the SAGF prior to the submission of nominative entries

2. I also understand that submitting this letter of intent does not guarantee admission to the TRAMPOLINE TEAM, or the funding required to support ME / MY CHILD'S (delete incorrect selection) participation in the AFRICAN GAMES. (delete incorrect selection) I understand it is my responsibility to provide the funding required to ensure the participation of MYSELF / OF MY CHILD(delete incorrect selection) .
3. In addition, I certify that I have received, signed and returned the SAGF code of conduct and rules and regulations for international participation

Signed in _____ on this _____ day of _____ in the year _____

SIGNATURE _____

NAME _____

CONTACT TEL _____

EMAIL ADDR _____

WITNESS SIGNATURE _____

WITNESS NAME _____