

SAGF



TEAM ACCEPTANCE AGREEMENT

ENTERED INTO BY AND BETWEEN

THE SOUTH AFRICAN GYMNASTICS FEDERATION
(Hereafter referred to as the “**SAGF**”)

AND

(Hereafter referred to as the “**Selected Member**”)

FOR THE

(the “**event**”)

SECTION A: PERSONAL INFORMATION OF TEAM MEMBER

Name and surname (As per passport): _____

Identification number: _____

Passport number: _____

Expiring date: _____

South African citizen – Yes/No: _____

Name of affiliated region/province: _____

Position entered for: Judge Coach Team Official Athlete

Discipline: MAG WAG TRAMP TUMB RG AER ACRO

Qualification (for officials only)

Number of years' experience (for officials only)

Postal address: _____

_____ Code _____

Physical address: _____

_____ Code _____

Cell phone number: _____

Home number: _____

Work number: _____

Fax number: _____

E-mail address: _____

Medical Aid name and number (Of Main Member):

SECTION B: ENTRY FOR THE EVENT

1. ENTRY

- 1.1 I, _____(full name and surname of judge / coach / team official / athlete), hereby request that I be entered for Region 5 Competition 1 – 4 November 2018 .
- 1.2 I understand and agree that I will not be entitled to withdraw from the team, once entered for the event, without the written consent of the SAGF.
- 1.3 I commit myself to all the prescribed training schedules, rules and regulations prescribed by SAGF and the respective Programme Management. I understand that failure to adhere to the prescribed rules and regulations might expose me to disciplinary actions and possible disqualification from the event.
- 1.6 I agree to bind myself to this agreement and the terms and conditions.

2. FINANCIAL COMMITMENT

- 2.1 I _____
(name of official / athlete / parent / guardian) hereby declare that I was made aware that the SAGF may not have sufficient funds for sponsorships and that costs associated with the competition might have to be born in full or partially by the selected officials and gymnasts.
- 2.1 I hereby declare and warrant that I have the necessary means to cover the full cost of the event, should it be necessary. In the absence of full or partial sponsorship, I undertake to pay the full outstanding amount (as would be stipulated by SAGF) on or before 20 October 2018. Should full or partial sponsorship be granted to me and I am disqualified or withdrawn from the event, then and in that event, I am aware that all payments made on my behalf in respect of this Agreement will be refundable to the SAGF who may claim damages suffered as a result of my disqualification or withdrawal from the event.
- 2.2 I hereby agree that failure to pay the amounts on the due dates will entitle the SAGF to withdraw my entry from the above competition. I agree that all amounts paid will be forfeited in cases of disqualification for any reason whatsoever or withdrawal without the written consent of the SAGF.

2. **WAIVER** (to be signed by a parent/guardian if team member is a minor)

I, _____, (name of official / athlete / parent / guardian) acknowledge, accept and bind myself irrevocably to the following without reservation or qualification.

1. That I will have no claim of whatsoever nature such claim may arise and whatsoever cause against the SOUTH AFRICAN GYMNASTICS FEDERATION / ORGANISERS or any of its affiliated bodies or persons, should I suffer any loss/injury as a result of my or the minor's attendance or participation in the Region 5 Competition 1 > 4 November 2018, and everything relative thereto, including my travelling thereto and back.

And in addition:

2. That I forever hold SAGF and all its affiliated bodies/organizers/team managers blameless in such regard.

3. **PARENTAL AND MEDICAL CONSENT**

Your permission is required to authorize the Management Team / appointed Officials to act on your behalf in the event of an emergency. This would require the authorization in the event of an accident and the possibility of not being able to contact you as parents. Of course, every effort will be made to make contact with you and or Family Doctor before any treatment.

This serves to confirm that we as Parents authorize Team Manager to consent, in our absence, to any emergency medical treatment which may be necessary. We understand that every possible effort will be made to contact us in the event of an emergency, but in the event that we cannot be reached, the Team Doctor and the Team Management may act on our behalf.

NAME OF PARENTS	- MOTHER	
	- FATHER	
CONTACT TEL NO'S	- MOTHER	
	- FATHER	
	- OTHER	
E-MAIL ADDRESS	- MOTHER	
	- FATHER	
MEDICAL AID SOCIETY		
MEDICAL AID NUMBER		
NAME OF FAMILY DOCTOR		
TELEPHONE NO OF FAMILY DOCTOR		
Any existing medical condition and the prescribed treatment thereof: (last 6 weeks)		
Allergies?		
Does your child take any regular medication and what is the dosage?		

This serves to certify that I, _____ authorize the Team Doctor and Team Management (APPOINTED OFFICIALS) to consent, in my absence, to any emergency Medical treatment which may be necessary. I understand that every possible effort will be made to contact me in the event of an emergency, but in the event that I cannot be reached, the Team Doctor and the Team Management may act on my behalf.

Signed: _____ (Parent/Guardian) ID No: _____

4. **CODE OF CONDUCT**

I, _____, (name of official / athlete (if over 18yrs) / parent / guardian) understand and accept the criteria laid down in the attached document, "SAGF PROTOCOL AND RULES OF CONDUCT FOR INTERNATIONAL PARTICIPATION", as **annexure "A"**, in respect of behaviour and responsibility required as a member of the SAGF Team, travelling to and from and participating in the Region 5 Competition1 > 4 November 2018.

Any non-compliance on behalf of the official / athlete may result in the official / athlete being withdrawn from the Team, or being disallowed to take further part in the event. Any

necessary disciplinary action will be taken with joint decision of Team Management and the Senior Coaching Staff.

I acknowledge also that my child (in case of adult, I), as fully fledged member of the SAGF and member region has completed the necessary Indemnity which is lodged with his / her (my) Club / Region.

ON BEHALF OF SELECTED MEMBER

SIGNED AT _____ ON THIS ___ DAY OF _____ 2015.

Witness:

1. _____
_____ Official / Athlete / Guardian
2. _____

This agreement must be completed, signed (initial on each page) and returned to stacey@sagf.co.za and mandy@sagf.co.za on or before 19 October 2018. Please check the details on the information document.

Entry fee to be paid into the following account – proof of payment to accompany this document

SA Gymnastics Federation , Nedbank , Acc. No. = 1913207536
Reference = R5 entry / name & discipline