

## REGISTRATION FORM 2017

This is a compulsory form for all Adventist Athletics Club members. If you want to be a licensed runner, please complete the ASA registration form online [www.athleticssa.org.za](http://www.athleticssa.org.za)  
Your details will be kept on the AAC database.

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male / Female

Cell: \_\_\_\_\_ Home \_\_\_\_\_ Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City/Town \_\_\_\_\_

Adventist Athletics Club Branch: \_\_\_\_\_

Province: \_\_\_\_\_ Congregation \_\_\_\_\_

Next of kin (Name and Surname): \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

MEDICAL AID Name: \_\_\_\_\_ Number: \_\_\_\_\_

Medical Aid / Hospital Plan: \_\_\_\_\_

### Home Language (Please circle)

Tswana      Tsonga      Xhosa      Pedi      Zulu      Swati  
English      Afrikaans      Venda      Ndebele      Sotho

Other (Specify)

Do you have AAC vest? \_\_\_\_\_ Do you need a vest? \_\_\_\_\_ Which size? \_\_\_\_\_

Do you want a permanent license? \_\_\_\_\_ Are you a runner? \_\_\_\_\_ Are you a walker/Cyclist etc? \_\_\_\_\_

What do you want to achieve by joining AAC? \_\_\_\_\_

I hereby confirm that all the information provided on this application form is true, accurate and correct. I also confirm that I have read the constitution of Adventist Athletics Club and agree to abide by them when participating in scheduled training runs and official races.

I indemnify Adventist Athletics Club, its national executive, its sponsors, trainers, branch committee and fellow members against all and any action of whatever nature that may arise from my participation.

I agree that it is my responsibility to be medically fit to compete in all events.

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

Parent/Guardian to sign if applicant is younger than 18 years of age when completing this form:

Full name of Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\* WELCOME TO ADVENTIST HEALTH AND FITNESS FAMILY \*\*\*\*\*

**Chairperson:** W Mpofu. **Vice Chairperson:** M Ntaba. **Secretary:** M Sinjela.

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