

## TuksYouthRugby Registration Form

UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA	<b>TuksSport</b>		Г	Reg forn	n	Player Pho	oto		Birth C	Cert	
YUNIBESITHI YA PRETORIA	Tukssport			Parent II	)	Medical /	Aid	P	age 18	/19	
				BokSmar		Indemr		Code	e Cond		
			(	Gen Medica	ıl	Participat	ion		T-S	hirt	
EMPLID No:	Concessio	n Type:	Receipt	No:							
Date			Cost Centre				Registration Fee				
D D M M	Y Y Y Y	U /		A04679/03569				ALL R850-00 U/7 & Girls R500			
PLAYER:											
Name (as requir	uired on certificate)			Initials Birth Da				ate			
						[	D D M	M	ΥY	Ý	Y
Surname		Cell Number									
School				Former Club							
PARENTS / GUARDIAN: Father				Mother							
Name				Name							
Surname				Surname							
Cell Number (impor	tant for communication	– WhatsApp Group)	_	Cell Num	ber (impoi	tant for com	munication	– what	sApp G	iroup)	
Email Address (important for communication/correspondence)				Email Address (important for communication/correspondence)							
Street Address		Street Address									
Code			]	Code					1		1
Medical Aid Name				Number							
Y N											

I indemnify the University against any damages of whatever nature that I may cause and undertake not to hold the University or any of it's employees liable for any damages of whatever nature that I may sustain during or arising from my participation in youth rugby.

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

Player

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