



IMBEWU SPORTS ACADEMY

REGISTRATION FORM

2021

IMBEWU SPORTS ACADEMY

Applicant Personal Details

Surname.....First Names.....

Address:.....

.....Post Code.....

Date of Birth.....Gender.....

Mobile No.....Email Address.....

Parent/Guardian Name.....Mobile No.....

Rugby/Netball.....Primary Position.....

Highest level of
Participation.....School.....

Medical Aid Details

Medical Aid Name

Medical Aid No

Main Member

Signature of Applicant.....Date.....

COMPLETED FORMS AND CERTIFIED ID COPY/BIRTH CERTIFICATE TO
BE RETURNED TO CLUB SECRETARY OR EMAILED TO
IMBEWUSPORTSACADEMY58@GMAIL.COM

Code Of Conduct

- Play Sport for your own enjoyment and not just to please parents and coaches.
- Never argue with an official. If you disagree, have your captain or coach approach the official during a break or after the game.
- Control your temper. Verbal abuse of officials or other players, deliberately fouling or provoking an opponent and throwing equipment is not acceptable or permitted in any sport.
- Be a good sport. Applaud all good performances by your team and your opponents. Congratulate both teams upon their performance regardless of the outcome of the game.
- Treat all players with respect. Do not interfere with, bully or take unfair advantage of another player.
- Co-operate with your coach, teammates and opponents. Without them there would be no game.
- Selection of teams will be on merit in the respective age groups.
- Players must attend all training sessions before a match in order to be eligible for selection for the next match.
- Always wear the correct attire to practices and matches
- Players must confer with coaches in person with regards to non-attendance at school training sessions/matches when participating in National and Provincial training sessions/trials.
- Non-attendance of any Academy training session/match due to any other activity would have a direct influence on the performance of the Academy teams. Players would have missed out on set pieces or pattern training sessions that are vital to the performance of the team.
- Player will not be allowed to participate in training and matches if payments have not been made in due time.

I,(Applicant) hereby agree to abide by the code of conduct of Imbewu Sports Academy.

Applicant Signature.....Date.....

Parent/Guardian Signature.....Date.....

Disclaimer Form
Imbewu Sports Academy

Player's Name.....

Player's Date of Birth.....

Player's Gender.....

Parent/Legal Guardian Name (if player is under the age of 18)

.....

Relationship to Player.....

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of Imbewu Sports Academy.

1. I represent that I am the parent or legal guardian of the Participant(s) named above.
2. I acknowledge and understand that there are risks associated with participation in all sports activities, including personal injury, paralysis and/or death.
3. I, for myself and the participant named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I, for myself, the participant named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify Imbewu Sports Academy and their local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees, from any injuries, liabilities or damages from participation.
5. I certify that the participant is physically able to participate in all rugby/netball activities.

6. I certify that I am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Player's Signature (if 18 or older) Date

Parent/Guardian Signature (if player is 17 or younger)
..... Date

Address

.....
.....

City State Zip

Emergency Contact number (.....) or (.....)

Confirmation Of Registration

I,(Parent/Guardian) hereby agree to let my son/daughter(Applicant) be a part of Imbewu Sports Academy and participate in all activities set by Imbewu Sports Academy.

Parent/Guardian: Name.....Signature.....

Applicant: Name.....Signature.....

For Office Use

Date Joining Fee Paid.....Amount.....

Approved by Management Committee YES/NO

Date Approved.....

X

Mpilenhle Lushozi
CEO Of Academy

Academy Contact Details

Home Address: 25 Mchunu Road
Nazareth, Pinetown
3610

Email: Imbewusportsacademy58@gmail.com

CEO of Academy

Name: Mpilenhle Lushozi
Mobile No: 0624798334
Email: Mpilenhlelushozi14@gmail.com

Project Manager

Name: Thandolwethu Ngwenya
Mobile No: 0740139046
Email: Tngwenya299@gmail.com

Marketing Director

Name: Noluvo Ndlovu
Mobile No: 0818021409
Email: Nolsndlovu@gmail.com

Academy Banking Details

Account Name: **Mr M.S. Lushozi**

Bank: Capitec Bank

Account No: 1632694083

Branch: Scottsville Mall, Pietermaritzburg

Account Type: Savings Account

Branch Code: 470010

Joining Fee To Be Paid Alongside The Return Of The Registration Form

We Look Forward To An Amazing Journey With You!!