



Info@wptouch.co.za

Membership & Participant Declaration

Western Province Touch welcomes you as a member.

We hope you enjoy The Thrill of the Game

www.wptouch.co.za
www.facebook.com/wptouch
twitter: wptouch | instagram: wptouch

FOR OFFICE USE ONLY
MEMBERSHIP NO.

CHECK

PLEASE USE CAPITAL LETTERS

(first name)

(surname)

DOB yyyy

mm

dd

(ID number)

male female

black coloured

white other

(high school)

(university)

(residential address)

(city)

(suburb)

(code)

(cell number)

(email address)

(emergency contact name)

(contact number)

I hereby apply for membership of Western Province Touch. In consideration of my application being accepted I acknowledge and agree that:

I have read, understood, acknowledge and agree to the terms on the following page including the warning, exclusion of implied terms, released and indemnity.

(signature)

SOCIAL MEDIA

(FACEBOOK)

(TWITTER)

(INSTAGRAM)

Where the applicant is under 18 years of age this declaration must also be accepted by the applicant's parent or legal guardian.

(parent/guardian first name)

(parent/guardian surname)

(parent/guardian relationship)

I am the parent/guardian of the applicant. I authorise and consent to the applicant undertaking Western Province Touch activities. I expressly agree to be responsible for the applicant's behaviour and agree to accept in my capacity as a parent/guardian, the terms set out in this application and declaration, including the provision by me of a release and indemnity in terms set out above.

(parent/guardian signature)