

VIVA PRIMARY SCHOOL

160A Thabo Mbeki Drive, Rustenburg

EMIS No: 600102313

Tel No: 072 848 0552

Cell No: 082 885 7524

E Mail: admin@vivaprimarieschool.co.za



SPORTS ACADEMY

APPLICATION AND REGISTRATION FORM

ACADEMIC YEAR: _____

Please complete this form in full and submit it to the school office together with proof of payment where applicable. Incomplete forms may delay registration.

SPORT CODE APPLYING FOR (TICK APPLICABLE)

☐ Athletics (Sprints & Middle-Distance)

☐ Cross Country Running

☐ Soccer (Future Phase)

☐ Netball (Future Phase)

SECTION A: LEARNER DETAILS

Full Names and Surname

Date of Birth

Age

Gender

Current School

Current Grade

Home Address

SECTION B: PARENT / GUARDIAN DETAILS

Parent/Guardian Full Name

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Relationship to Learner	_____
ID Number	_____
Cell Number	_____
Alternative Contact Number	_____
Email Address	_____
Occupation	_____
Employer	_____

SECTION C: EMERGENCY CONTACT DETAILS

Emergency Contact Person	_____
Relationship to Learner	_____
Cell Number	_____
Alternative Number	_____

SECTION D: MEDICAL INFORMATION

Medical Condition?	☐ Yes ☐ No
If Yes, please specify	_____ _____
Allergies?	☐ Yes ☐ No
If Yes, please specify	_____
Medication?	☐ Yes ☐ No
If Yes, please specify	_____

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Medical Aid Name	_____
Medical Aid Number	_____
Principal Member	_____
Family Doctor	_____
Doctor's Contact Number	_____

SECTION E: SPORTING HISTORY

Organised Sport Before?	☐ Yes ☐ No
If Yes, please provide details	_____

Previous Club/School	_____
Achievements (if any)	_____

SECTION F: FEES AND PAYMENT

Registration Fee: R150.00 per sport code (Once-Off Annual Registration Fee)

Coaching Fee: R450.00 per month per sport code

I understand that	☐ Registration fees are non-refundable.
	☐ Coaching fees are payable before or on the day of training.
	☐ Failure to pay fees may result in suspension from training sessions.

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Parent/Guardian Initials

SECTION G: INDEMNITY AND CONSENT

I, the undersigned Parent/Guardian, hereby apply for the above-mentioned learner to participate in the Viva Primary School Sports Academy.

I acknowledge and agree that:

1. Participation in sporting activities involves a degree of risk.
2. The Academy, its management, coaches, staff members, and volunteers shall not be held liable for any injury, loss, damage, illness, accident, or death arising from participation in Academy activities, except where caused by proven negligence.
3. I authorise Academy officials to obtain emergency medical treatment should I not be reachable.
4. I accept full responsibility for all medical costs incurred.
5. I undertake to ensure that my child adheres to all Academy rules and codes of conduct.
6. I understand that transport to and from training sessions, competitions, and events remains the responsibility of the parent/guardian.

Parent/Guardian Signature

Date

SECTION H: PHOTOGRAPHY AND MEDIA CONSENT

I hereby grant permission for photographs, videos, and media content of my child to be used for:

☐ School Marketing

☐ Social Media Platforms

☐ Newspapers and Publications

☐ Sports Academy Promotional Material

☐ I Do Not Grant Permission

Parent/Guardian Signature

Date

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SECTION I: CODE OF CONDUCT AGREEMENT

The learner agrees to:

- Attend training regularly and punctually.
- Respect coaches, officials, teammates, and opponents.
- Display good sportsmanship at all times.
- Follow all Academy rules and instructions.
- Represent the Academy with pride and dignity.

Learner Signature	_____
Date	_____
Parent/Guardian Signature	_____
Date	_____

OFFICE USE ONLY

Application Received Date	_____
Registration Fee Paid	☐ Yes ☐ No
Amount Received	R_____
Receipt Number	_____
Participant Registration Number	_____
Approved By	_____
Signature	_____
Date	_____

VIVA PRIMARY SCHOOL SPORTS ACADEMY

Developing Champions. Building Futures. Inspiring Greatness.

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