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Please note that this form must be accompanied by the following:-

- Two (2) passport photographs.
- Copy of players identity documents (which must depict the player's photograph and identity number).
- Where applicable and in the absence of a copy of the South African Identity Document—a copy of the players passport (this must depict the players photograph and passport number).
- Where applicable – a duly authorized transfer/clearance certificate.

Players Surname _____

Players First Name/s _____

Present Postal Address _____ code _____

Date OF Birth _____ ID No. _____

Nationality _____

Club for which player last played for _____

Current Club for which the player will be registered _____

Note: A duly authorized clearance certificate is required if the player last played for any other club
Prior to seeking registration with the club mentioned in this application

Parents/ Guardian Names: _____ Contacts No: _____

I _____ Acknowledge that the age of this child and the ID No. is correct.

Does your child suffer from a chronic illness?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF THE CHILD SUFFERS FROM AN ILLNESS (e.g. asthma, epilepsy and etc. please specify): _____

Please supply the contact details of the family's health practitioner in case of emergency

Name _____

Contact details _____

Address _____

AGE _____ Parent/Guardian ID No. _____

Parent/Guardian signature _____ of address where player resides _____

On behalf of _____ Football Club

Name of the Local Football Association (LFA): _____

Authorized LFA Signatory _____ LFA player registration Number _____ Date _____

Name of School _____ Area _____

FOR OFFICE USE ONLY

I _____ confirm that on this day I have registered _____

As a member of the _____ Football Club for the _____ season as approved by
the SOUTH AFRICAN FOOTBALL ASSOCIATION