



BOWLS SOUTH AFRICA DEVELOPMENT



BOWLING CLUB DISTRICT.....

BOWLS SA SCHOLAR MEMBERSHIP APPLICATION FORM

Name of Scholar (block letters): Surname: _____ First Names _____

Nickname: _____ ID No: _____

School or Institution: _____ Grade: _____

Tel School _____

Telephone: Home _____ Cell _____

Telephone: Parents: Father: Home _____ Cell _____

Mother: Home _____ Cell _____

I hereby apply for membership of Bowling Club in the category for Scholars.

I undertake to behave in such a manner that the current high standard of the club will be maintained and that it will not be harmed in anyway whatsoever.

Signature of Scholar: _____

Date: _____

Name (block letters) of responsible teacher whom recommends abovementioned learned for membership:

Signature of Teacher: _____ Date: _____

On behalf of the Club:

I accept abovementioned Scholar as member in the category for Scholars at _____ Bowling Club

Designation at Club: Coach / President / Secretary / Club Member _____

Full Name (block letters): _____

Signature: _____ Date of acceptance _____

PS: A membership fee of R.....will be paid on behalf of the applicant.



BOWLS SOUTH AFRICA DEVELOPMENT



ROLBALKLUB DISTRIK.....

ROLBAL SA AANSOEKVORM OM LIDMAATSKAP VIR 'N LEERDER

Naam van Leerder (Blokletters): Van: _____ Name: _____

Noemnaam: _____ ID Nommer: _____

Skool of Inrigting: _____ Graad: _____

Telnr Skool _____

Telnrs: Huis _____ Sel _____

Telnrs Ouers: Vader: Huis _____ Sel _____

Moeder: Huis _____ Sell _____

Ek doen hiemees aansoek om lidmaatskap van Rolbalklub in die kategorie vir leerders.

Ek beloof om my so te gedra dat die goeie standaard van die klub te alle tye gehandhaaf word en onder geen omstandighede benadeel sal word nie.

Handtekening van leerder: _____

Datum: _____

Naam (Blokletters) van verantwoordelike leerkrag wat bogenoemde leerder vir lidmaatskap aanbeveel:

Handtekening: _____ Datum: _____

Namens die klub:

Ek aanvaar bogenoemde leerder as lid in die leerder-kategorie by _____ Rolbalklub

Hoedanigheid by klub: Afrigter / President / Sekretaris / Ander _____

Volle Naam (Blokletters): _____

Handtekening: _____ Datum van aanvaarding _____

Let wel: Ledegeld van R..... word namens aansoeker betaal.



BOWLS SOUTH AFRICA DEVELOPMENT



Youth Bowls Consent Form

Name of Educ Inst/School	
Full Name of Player / Child	
Grade / Year	
ID Number / Date of Birth	Please enclose a certified copy of the player's ID or birth certificate
Address	
Telephone	
Cell	
Email Address	

(*Tick ✓ whichever is applicable)

- Does your child have any medical condition or take critical medication? YES / NO
- Does your have any specific dietary requirements? YES / NO
- Does your have any disabilities? YES / NO

If **YES**, to any of the above, please describe fully below:

Name of Parent / Guardian			
Tel Home		Tel Work	
Cell		Cell no of other family or friend	

I, _____ give permission for my child to participate in the Under 19 Development bowls tournament to be held from to at

I accept that the organisers will do their utmost to care for my child during the tournament and whilst being transported. Should anything untoward occur, I will not hold the coach, manager, club, district or Bowls SA responsible.

Signature		Date:
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