

Drug-Free-Sport: Acknowledgement & Compliance



Player's Information

First Name(s):		Surname:	
ID No / Passport No <i>(enter one digit per block)</i>		Bowls SA No:	
District:		Club:	
Mobile No:		Email Address:	
Physical Home Address:			
Do you have any medical condition that we need to be aware of? <i>(click on appropriate box to select)</i> If YES, please list condition(s)			Yes <input type="checkbox"/> /No <input type="checkbox"/>
Do you take any prescribed / off-the-shelf medication or supplements on a regular or intermittent basis? If YES, have you checked whether the <u>individual ingredients</u> of each substance is on the CURRENT banned substance list? If YES, please list medication(s) and/or supplements:			Yes <input type="checkbox"/> /No <input type="checkbox"/> Yes <input type="checkbox"/> /No <input type="checkbox"/>
If YES to the any of the above, have you complied with the SAIDS requirements?			Yes <input type="checkbox"/> /No <input type="checkbox"/>

Player's Acknowledgement of Obligations

<p>1. I hereby confirm that the above information is correct.</p> <p>2. I hereby acknowledge my responsibility to ensure that the above information as well as contact information recorded on the Bowls SA Membership Database, are kept up to date at all times.</p> <p>3. I hereby acknowledge that I have read Bowls SA Drug-Free Sport Policy (available on www.bowlssa.co.za) and understand the content.</p> <p>4. I hereby acknowledge that it is my responsibility to monitor all substances consumed to ensure that I remain in compliance with WADA, SAIDS & Bowls SA requirements to maintain the sport of Lawn Bowls as a Drug-Free-Sport.</p>		
Signature of Player	Signature of Witness	Date:
Witness First Name(s):	Witness Surname:	Witness Contact Details:

FOR ADMIN USE ONLY

Entered by:	Date: 20__/__/__
-------------	------------------