

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>(✓in appropriate box to select)</i>									Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you take any chronic medication?									Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, have you checked whether this medication is on the CURRENT banned substance list?									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, current TUE (if necessary), 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 2017/Circulars 8, 32 & 70 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:

Attachment of Certified Copies:

Copy of TUE (if necessary)
Attached: YES <input type="checkbox"/>

FOR ADMIN USE ONLY

Entered by:
Date: 20__/__/__