Bowls SA Drugfree Sport Compliance Form

1	Your details
Bowls SA No	
Name	
Telephone No	
Email	
District	
Club	

2	Do you have any medical condition that requires you to take any prescribed / off-the-shelf medication or supplements on a regular or intermittent basis?	**Yes**
		No

3	If you have answered yes to the above question, have you confirmed that the individual ingredients of each type of medication and/or supplement is not on the CURRENT banned substance list?	**Yes**
		No

4	Player's Acknowledgement

I hereby confirm that the above information is correct.

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.

I hereby acknowledge that I have read Bowls SA Drug-Free Sport Policy (available on www.bowlssa.co.za) and understand the content.

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.

_____ _____

Signature **Date**