



# Registration Form -2020

**Central Admissions Office:** Eye of the Tiger Rugby Academy

**Address:** N0 59 Frederick Street, Observatory ,2198

**Email:** [info@eyeofthetiger.co.za](mailto:info@eyeofthetiger.co.za) : Tel: 0781776602 or 0834611037

**THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE REGISTRATION FORM:**

- A certified copy of the Player/ Bursary Holder 's Identity Document
- A certified copy of your Matric Results if you have matric
- A certified copy of the latest academic/ school results
- A short Rugby C.V of the player/ Bursary Holder
- 2 x players' passport photos ( Shoulder Photos ) / Bursary Holders
- Copy of medical aid card if available
- Proof of payment of the Registration fee R500.00 should be attached.
- This is the only payment that the applicants will pay for each year.
- Application must be signed by both parents/guardians if the player is a minor.

**NB all applicants must have a passport or at least apply for a passport for purposes of games outside the country .**

**NB!! NO APPLICATION WILL BE PROCESSED WITHOUT PROOF OF PAYMENT OF REGISTRATION FEE**

<b>Player's name &amp; surname</b>			
<b>Parent's name &amp; surname</b>			
<b>Contact no</b>			
<b>Age</b>			
<b>Family doctor</b>		<b>Tel</b>	
<b>Medical aid name</b>		<b>Number</b>	
<b>Principal member</b>		<b>ID</b>	

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**For Office Use only**

Payment Registration									
Registration fee		Developmental Levy		Programme		Opportunities		Hospitality	

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**Banking Details:** Eye of the Tiger Rugby Academy, Standard Bank, Acc Number - 021565864, Sandton Branch, **Ref:** Players' name and surname

**Section A: Applicant's Information**

Surname	
First Names	
Preferred Name	
Date of Birth	
Gender	
ID Number	
ID Type	
Nationality	

**Home Language**

English		Afrikaans		Xhosa		Zulu		Pedi	
Tswana		Venda		Ndebele		Sotho			

**Medical Information:** (in case of emergency)

Allergies / Medical notes	
Chronic Medication	
Special Needs / Disabilities	

**Section B: Family Information**

**Father's Information**

Surname					
First Names					
Relation to applicant	Biological	Step-parent	Forster	Guardian	Other
ID Type					
Nationality					
Tel		Cell			
Occupation					
Employer					
Work Tel					

**Mother's Information**

Surname					
First Names					
Relation to applicant	Biological	Step-parent	Forster	Guardian	Other
ID Type					
Nationality					
Tel		Cell			
Occupation					
Employer					
Work Tel					

<b>Parent's marital status</b>	Married		Divorced		Separated		Single	
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**In the case of divorced or otherwise separated parents:**

**With whom does the player stay?**

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**Who is responsible for welfare of the player**

\_\_\_\_\_?

**Next of Kin Information**

Surname					
First Names					
ID Type					
Nationality					
Tel		Cell			

**Section C: Residential and Siblings**

Residential address	
Postal Address	

**Sibling information**

<b>Sibling 1</b>		
Age		
School		
<b>Sibling 2</b>		
Age		
School		
<b>Sibling 3</b>		
Age		
School		
<b>Sibling 4</b>		
Age		
School		

**Section D: Options and Activities**

Please tick desired Activities please tick on desired option

Fulltime or Partime Schooling	Distance Academy Programme		


**Section D: Terms and Conditions**

1. A player's enrolment will be subject to the conditions stated hereunder or such other conditions which may have been determined by the Academy or their duly authorised representatives ("the Directors") from time to time. The Conditions of Registration may be amended upon one term's written notice.
2. The parents and the player agree to be bound by the rules, regulations, policies and procedures of the academy, as determined from time to time, and announced by the Academy.
3. An applicant will if necessary be subjected to trials before admission should the Academy feels necessary to do so.
4. Applications for registration shall be in the form specified and shall be accompanied by a non-refundable application and registration fee in an amount reflected on the application form. Which constitutes a year's registration fee.
5. **The enrolment of pupils shall be subject to the discretion of the Academy. The Academy may, refuse to accept the player should it feel that he is not the correct candidate. Please sign here as indication that you have read and accept our terms and conditions.**

We agree that the player's admission is subject to the Conditions of Registration as determined by the Eye of the Tiger Rugby Academy.

Father / Guardian \_\_\_\_\_ Date \_\_\_\_\_ U/18yrs

Mother / Guardian \_\_\_\_\_ Date \_\_\_\_\_ U/18yrs

Player \_\_\_\_\_ Date \_\_\_\_\_ U/19 yrs.  
and Over