



MEMBERSHIP FORM

SURNAME					
FORENAMES					
DATE OF BIRTH					
IDENTITY NUMBER		* ID	* PASSPORT		
PHYSICAL ADDRESS					CODE:
POSTAL ADDRESS					CODE:
EMAIL ADDRESS					
OCCUPATION					
EMPLOYER					
BUSINESS ADDRESS					CODE:
CONTACT NUMBERS	CELL		HOME		WORK
MEMBERSHIP TYPE	* PLAYER			* REFEREE	
DERBY NAME					
DERBY NUMBER					
DERBY TEAM NAME					

** Please indicate above which is applicable by marking the relevant box with X*

MEMBERSHIP FEES:	RECREATION LEAGUE/ FRESH MEAT FEE	QUARTERLY ROOKIE/ A-LEVEL MEMBERSHIP FEE
PLAYER	R20 per session	R300
REFEREE	R20 per session	R150

I, the undersigned, do hereby confirm that all details given on this membership form are, to the best of my knowledge, true and correct. If at any time any of the information should change, I will notify C-MAX ROLLER DERBY LEAGUE (C-MAX RDL) in writing as soon as possible with such changes. Furthermore, I do hereby confirm that I have read, signed and will abide by the Code of Conduct and the Liability Waiver of C-MAX RDL.

.....
SIGNATURE OF APPLICANT

.....
DATE

MEDICAL INFORMATION FORM ON REVERSE SIDE MUST BE COMPLETED.

MEDICAL INFORMATION

Do you have any medical conditions, recent or recurring injuries, etc. of which C-MAX RDL, your Captain, Coaches, Team and/or fellow Members should be aware for your safety (e.g. asthma, diabetes, epilepsy, allergies, etc.)?

*YES	*NO
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If **YES**, give full details, including any required emergency treatments which you carry on your person (e.g. asthma – inhaler; diabetes – insulin; epilepsy – Epipen; allergies – antihistamine; etc.)?

Medical Aid Insurer	
<ul style="list-style-type: none"> • Medical Aid Number 	
Personal Medical Practitioner	
<ul style="list-style-type: none"> • Contact Number 	
Name of Emergency Contact ①	
<ul style="list-style-type: none"> • Relationship 	
<ul style="list-style-type: none"> • Contact Number 	
Name of Emergency Contact ②	
<ul style="list-style-type: none"> • Relationship 	
<ul style="list-style-type: none"> • Contact Number 	

By signing this form and becoming a member of C-MAX RDL, you acknowledge that you have discussed Roller Derby with your medical practitioner/s in relation to any relevant medical issues and that they have agreed to your participation. Information you provide shall be held confidentially by the Management of C-MAX RDL and disclosed only to your Captain, Coach, and/or medical personnel in the event of an emergency. As a general rule, it is your responsibility to inform your Coaches/Team if you are unable, for any reason, to do something they ask of you.

.....
SIGNATURE OF APPLICANT

.....
DATE



LIABILITY WAIVER

WARNING:

Roller Derby is a full contact sport, therefore, as with any other sport, there may be the possibility of physical injury whilst taking part. However, a requirement before participating in any programme of activity with the C-MAX ROLLER DERBY LEAGUE (C-MAX RDL) is to read, understand, accept and sign this liability waiver. C-MAX RDL does not provide personal insurance for Members, visiting skaters, spectators, representatives or employees. We recommend that you research personal insurance to find appropriate cover for yourself in case of injury, damage or death.

I, (full names), the undersigned,
identity/passport number confirm that:

- I am over 18 years of age, having provided age verification that, to the best of my knowledge, is true and correct.
- I recognise that the practice and participation of Roller Derby involves bodily contact, physical exertion, and the possibility of injury or death.
- To the best of my knowledge, I am in good medical and physical condition and agree to inform C-MAX RDL of any changes to this condition.
- I voluntarily elect myself to take part in this activity assuming full responsibility for any risk or loss, property damage or personal injury (including death) which may be sustained as a result of participation in this sport.
- Furthermore, I am aware that any equipment belonging to C-MAX RDL is to be used of my own accord, with advice, and at my own risk.
- As a participant, I hereby irrevocably consent to receive medical treatment that may be deemed advisable or necessary by C-MAX RDL in the event of injury, accident and/or illness during any and all Roller Derby-related activities, and I understand that C-MAX RDL will not be liable for any medical expenses incurred by me as a result thereof.
- In consideration of being allowed to try out, participate, perform and practise in the sport of Roller Derby, I do hereby release, waive and discharge C-MAX RDL, its officers, agents, employees and any venue in which C-MAX RDL skates and/or trains, from any liability, claims, demands, or actions arising now or in the future, from injury or illness, pre-existing or aggravated, and/or loss or damage to any property belonging to me arising from my participation in this sport, or while upon the premises where a C-MAX RDL event is being conducted.
- It is my expressed intent that this release shall bind my spouse, partner, family members, heirs and/or personal representative, to waive and discharge C-MAX RDL as stated above.

In signing this document, I acknowledge and represent that I have read and understood it fully, and sign voluntarily, knowing that the associated physical activity may be hazardous to me and/or my property.

Signed at this day of 20

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SIGNATURE OF APPLICANT

.....
SIGNATURE OF WITNESS