

## CONSTITUENCY ATHLETICS COMPETITIONS REGISTRATION FORM



Please read carefully and complete this registration form and use BLOCK LETTERS. Constituency Athletics Competitions is a non-affiliate to Botswana Athletics Association and is established to identify talent for those potential elite athletes for the National Team.

### 1.) ATHLETE INFORMATION DETAILS

<b>FULL NAME:</b>	<b>DATE OF BIRTH:</b>
<b>AGE:</b>	<b>NATIONALITY:</b>
<b>GENDER:</b>	<b>ID:</b>
<b>TEL:</b>	<b>CELL:</b>
<b>EMAIL:</b>	

### 2.) PARENTS OR GUARDIAN INFORMATION

NAME	CONTACT	RELATIONSHIP
1.		
2.		
3.		

### 3.) CATEGORY OF RACE REGISTERING FOR:

100M       200M       400M       800M       1500M (Ladies Only)

5000M (Men only)       4 X 100M RELAY       4X400M RELAY

**NB: NO ATHLETE IS ALLOWED TO REGISTER FOR MORE THAN TWO (2) EVENTS UNLESS THE THIRD (3<sup>RD</sup>) EVENT IS A RELAY.**

4.) DISTRICT: \_\_\_\_\_ SUB-DISTRICT: \_\_\_\_\_

CONSTITUENCY: \_\_\_\_\_ REGION: \_\_\_\_\_

### 5.) RUNNING HISTORY

Are you a member of a running club? YES/NO. Please briefly state your involvement in running activities \_\_\_\_\_

\_\_\_\_\_

### 6.) BANKING DETAILS

<b>BANK NAME:</b>	<b>ACCOUNT No:</b>
<b>BRANCH:</b>	<b>BRANCH CODE:</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**7.) MEDICAL INFORMATION**

a) Do you have breathing problems/health conditions (asthma, high blood pressure e.tc.) that can negatively affect your health as you participate in Athletics Competitions?

\_\_\_\_\_

b) Have you ever encountered any serious injuries (fracture, sprains, dislocation etc.?) (If yes state the condition of the injury now (have you fully recovered)

\_\_\_\_\_

\_\_\_\_\_

c) Has your doctor/medical practitioner ever said that you have a health condition or that you should participate in physical activity only as recommended by a doctor?

\_\_\_\_\_

d) Do you know of any reason you should not participate in athletic/physical activity?

\_\_\_\_\_

e) Any other useful health information

\_\_\_\_\_

\_\_\_\_\_

**8.) DISCLAIMER**

In registering for these competitions, I agree and confirm that I am aware that the competitions are challenging physically and I confirm that I am physically well and fit and I am able to participate in an exercise of this nature without undue risk to my health. Should I be unwell shortly before or on the day of the competitions I undertake to take responsibility for ensuring that I will not participate.

I accordingly I hereby undertake and agree to indemnify the organisers, sponsors and the Ministry of Youth Empowerment, Sport and Culture Development (hereinafter referred to as "the Ministry") against any liability and against any or all legal proceedings, claims, damages, interests, costs expenses which may result from any accident, injury to myself or death that may occur to me as a result of taking part in the said competitions.

Lastly I grant the Ministry the right to use my images for its promotional activities which do not violate my personal rights among others"

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

ID: \_\_\_\_\_

**NB: If the *Minor (those under the age of 18) signs this form, it must be signed in the presence of a guardian/parent***

**Name of parent/guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**ID:** \_\_\_\_\_ **Signature** \_\_\_\_\_

---

**9.) FOR OFFICIAL USE ONLY**

**REGISTRATION ACCEPTED: YES:**  **NO:**  **OFFICIAL STAMP**

**NAME:** \_\_\_\_\_ **ORGANISATION:** \_\_\_\_\_

**DESIGNATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_