AIRSOFT CLUB POTCHEFSTROOM

NON-REGULAR PLAYER / VISITOR REGISTRATION

PERSONAL INFORMATION

1. Christian names: ……
2. Surname: ……
3. Id nr: ……
4. Call sign or alias: ……
5. Cell phone nr: ……
6. Email address: ……
7. Vehicle registration nr: ……

MEDICAL / EMERGENCY INFORMATION

1. Contact nr of family member / next of kin: ……
2. Name of family member / next of kin: ……
3. Blood type: ……
4. Allergies: ……
5. Preferred doctor: ……
6. Medical aid / member nr: ……

DISCLAIMER:

The information provided on this application form is solely for administration and emergency purposes for use by ACP. By signing this form, the signee takes sole responsibility for his / her actions and acknowledges that the club may end any relationship with the signee if so decided by club management at any time. The signee undertakes to conduct him / herself responsible at all times, and also to obey to the rules of the Airsoft Club Potchefstroom, as set out in the Constitution of the club. The signee also acknowledges that he / she is participating in all club activities at his or her own risk. Airsoft Club Potchefstroom, the Chairperson of the club or any of its members can in no way be held responsible or liable for any personal injuries, damages, loss of property or loss of life incurred by any player and or spectator while participating in any club activity.

…… ……

SIGNATURE OF APPLICANT DATE

…… ……

CHAIRPERSON ACP DATE

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WITNESS 1