



RING CONTACT FIGHTING ARTS

President: Gerhard Laubscher, Cell: +27827882132, Email: shihan@rcfa.co.za
Vice President: Esmarie Jacobs, Cell: +27649109150, Email: admin@rcfa.co.za
Treasurer: Alida Wakeham, Cell: +27822134671, Email: treasurer1@rcfa.co.za
Secretary: Annelie Du Preez, Cell: +27722121870, Email: secretary@rcfa.co.za
Tour & Off Dir: Hilda Laubscher, Cell: +27828560667, Email: hilda@hildalattorneys.co.za
www.rcfa.co.za

INSTRUCTOR / COACH DECLARATION

I, _____,
the undersigned Instructor / Coach,
identification/passport number _____,
representing _____ Club/Gym, Country,
do hereby solemnly declare and confirm the following:

1. That the athletes under my supervision who are participating in the RCFA event titled _____, scheduled to take place on _____, have undergone their annual medical examinations.
2. That each of the aforementioned athletes has been examined by a duly qualified medical practitioner and has been declared medically fit and in good health to participate in RCFA activities.
3. That, to the best of my knowledge and based on ongoing observation and communication, these athletes remain in good health and are fit to participate in the above-mentioned event.

I make this declaration freely and voluntarily and acknowledge that it may be relied upon by RCFA, its organisers, officials, and affiliates for the purposes of event administration and participant safety.

Signed at _____ on this ____ day of _____ 20__.

Instructor / Coach Signature: _____