

# **RING CONTACT FIGHTING ARTS**

President: Vice President: Treasurer: Secretary: Co-ordinator:

Gerhard Laubscher, Bafana Mayisela, Alida Wakeham, Gert Kotzee, Hilda Laubscher,

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		www.rcfa.co.za			
INDEMNITY		WEIGHT CHECK:			
COMPETITION:					
MODES PARTICIPATING IN:	Semi Contact 🗌	Millennium 🗌	Full Contact $\Box$	Low Kick $\Box$	Close Combat $\Box$
	Weapons 🗌	Weapon Series 🗌	Series 🗌	Fitness Challer	nge 🗆
FIGHTER'S FULL NAME AND	SURNAME:				
IDENTITY NUMBER/DATE OF	BIRTH				
AGE:		CELL:			
ADDRESS:					
excellent health and able to par agree and consent to participat aware of the dangers involved. event. I exempt RCFA and/or m person involved of any liability Aid/medical officials may attend institution due to any injury tha I hereby indemnify Ring Contac damage(s) and/or loss and/or in which I choose to participate in In case of a minor (any person u personally, telephonically, or e telephonically, or electronically to sign it. I sign this form freely I have been checked out by a m an injury or medical condition w <b>IN CASE OF EMERGENCY</b>	e. I confirm that I und I declare that I am not anagement and/or th for any case of persor d to me when injured. t I will be responsible tt Fighting Arts and/or njury(s) of any kind, to nder the age of 18 yea electronically of my ir given his/her/their pe and voluntarily. redical doctor and this	derstand the rules of R t on any medication or e event organizers and, hal injury and/or damag I accept responsibility to pay my own expense any person employed o my person or propert ars of age) I confirm tha attended participation i irmission to do so. I un doctor declared me fit	CFA and should I pa any form of drug wh /or trainers and/or of ge and/or loss that r that should I have to es. or assisting Ring Co y during any of the t my parent(s) and of n the Ring Contact derstand this indem	rticipate in any of t ich I should not be coaches and/or offi- nay occur at the ev- preceive treatment ontact Fighting Arts activities offered b or legal guardian(s) Fighting Arts activi- nity form clearly ar any RCFA event. I	the RCFA divisions, I am full using if taking part in a RCF cials and/or assistants or an vent. I consent that the First t at a hospital or any medica s against any liability for an y Ring Contact Fighting Art who has been notified eithe vities, has either personally and was not unduly influence am aware that should I hav
Contact person:		Relationshi		٢٩١١٠	

this day	' of	20
		r Signature
Cell:	Cell:	
Witness ING: FULL/LOW/CLOSE COMBAT- WI	LL BE DONE AT THE WEIGH-I	N)
BP:BP:	Lungs clea	ar:
MAY / MAY NOT PARTICIPATE	IN EVENT	
	Parent /Guardian Signature (if Cell: Witness NG: FULL/LOW/CLOSE COMBAT- WI Pulse: BP:	



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### Тетр \_\_\_\_\_

#### **COVID-19 HEATLH QUESTIONNAIRE**

First Name:	Surnam	ne:	
Club:	Cell Nr:		
RCFA FIGHTER	REFEREE/JUDGE	OTHER OFFICIAL	

Age Category: \_\_\_\_\_\_ RCFA Discipline: \_\_\_\_\_

Have you experienced any of the following symptoms in the last 14 days?	YES	NO
Dry cough		
Nasal Congestion		
Sore throat		
Difficult breathing		
Headache		
Conjunctive to the above		
Muscle aches and pains		
Diarrhea or vomiting		
Loss of taste and/or smell		
Fatigue without a known cause		
Rash on the skin or discoloration of fingers or toes		
Have you had closed contact (within 1,5 meters for 15 minutes or more cumulatively over a 24-		
hour period) with an individual infected with the Covid-19 virus in the last 14 days?		

In addition, I confirm that in case I have COVID-19, I have had a medical clearance before resuming training, stating that I am fit for competitive fighting.

#### DECLARATION

# I UNDERSTAND AND AGREE TO INFORM THE INSTRUCTORS SHOULD I DISPLAY AND/OR SUFFER FROM ANY OF THE ABOVE SYMPTOMS. I UNDERSTAND THAT I ENTER THE PREMISES AT OWN RISK.

IN CASE OF EMERGENCY			
Contact person:	Relati	Cell:	
Signed at	this	day of	20
Fighter Signature	Parent/Guardian Si	gnature (if fighter U/18)	Instructor Signature
Cell:	Cell:	Cell:	·
Witness	Witness		