



MEMBERSHIP REGISTRATION FORM

MEMBERSHIP NO		AGE GROUP		DATE	
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PLEASE INDICATE WHICH SPORT:	<input type="checkbox"/> SOCIAL (<i>R410-00 p.a.</i>)	<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> HOCKEY	<input type="checkbox"/> RUNNING
	<input type="checkbox"/> KARATE	<input type="checkbox"/> RUGBY	<input type="checkbox"/> CRICKET	<input type="checkbox"/> BASEBALL

MEMBER'S DETAILS			
NAME			
I.D. NO		DATE OF BIRTH	
TEL. NO. (H)		TEL. NO. (W)	
CELLPHONE		OCCUPATION	
HOME ADDRESS			
EMAIL			

MEDICAL DETAILS (<i>Allergies or any other serious medical conditions</i>)			
ALLERGIES		OTHER	

THE FOLLOWING INFORMATION IS ESSENTIAL IN CASE OF MEDICAL TREATMENT OR HOSPITALIZATION			
NAME AND ADDRESS OF EMPLOYER			
NAME OF MEDICAL AID		M.A NUMBER	
EMERGENCY CONTACT	NAME		TEL. NO.
DOCTOR'S NAME		TEL. NO.	

PARENT/GUARDIAN DETAILS (<i>For members under 18 years</i>)			
FATHER'S DETAILS		MOTHER'S DETAILS	
NAME		NAME	
ID NO		ID NO	
COMPANY		COMPANY	
OCCUPATION		OCCUPATION	
TEL. NO (H)		TEL. NO (H)	
TEL. NO.(W)		TEL. NO.(W)	



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CELLPHONE		CELLPHONE	
HOME ADDRESS		HOME ADDRESS	
EMAIL		EMAIL	
METHOD OF PAYMENT	<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> INTERNET TRANSFER <input type="checkbox"/> POST DATED CHEQUE/S	NAME: PANORAMA SPORTS CLUB BANK: NEDBANK BRANCH: EPSOM DOWNS (152205) ACCOUNT NO.: 1522063013	

I am liable for the full payment due as indicated above before the season commences. *"No Pay, no play"*
 I hereby apply for membership of Panorama Sports Club; I agree to abide by the Constitution, Code of Conduct of the Club and the Bye-Laws of the affiliations which I may be affiliated to.
 I would like to receive e-mail communication from the Club.

Signed at _____ on _____ of _____ 20_____.

Member/Parent/Guardian: _____

FOR OFFICE USE ONLY

RECEIVED FROM MEMBER:	
• COPY OF BIRTH CERTIFICATE OR ID (CERTIFIED WITH ID PHOTO ON)	
• 2 X PASSPORT PHOTOS	
• INDEMNITY FORM	
• CODE OF CONDUCT	
• RELEASE FORM (IF APPLICABLE)	
• R.C.L.F.A. FORM	

	RECEIVED/ ISSUED/ COMPLETED
MEMBERSHIP NO.	ALLOCATED ONCE LOADED ON DATABASE VIA WEBSITE
BIRTH CERTIFICATE / I.D.	MEMBERSHIP NO., CERTIFIED WITH ID PHOTO ON
PASSPORT PHOTOS	ONE ON CERTIFIED COPY I.D./BIRTH CERTIFICATE & EXTRA ONE
INDEMNITY FORM	SIGNED BY MEMBER WITH MEMBERSHIP NO. INDICATED
CODE OF CONDUCT	SIGNED BY MEMBER WITH MEMBERSHIP NO. INDICATED
R.C.L.F.A FORM	
PAYMENT RECEIVED	<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> INTERNET TRANSFER
RECEIPT	RECEIPT NO.:
REGISTRATION	MEMBERSHIP NO.:
LEAGUE CARD	LEAGUE NO.: