



SAGMHA - REGISTRATION, INDEMINTY AND MEDICAL FORM FOR THE CAPE TOWN INTER-PROVINCIAL TOURNAMENT 17 - 20MARCH 2023

Individual participants, by undersigning this registration document for the Inter Provincial Tournament (WPGMHA IPT) in Cape Town 17 - 20 March 2023, confirm and accept the following terms and conditions:-

1.) I am physically fit and able to participate in the SAGMHA Inter Provincial Tournament (IPT) of 17 - 20 March 2023 in Cape Town. This will include any team practices prior to and for this tournament. I confirm that I have not been informed to the contrary by a doctor/ medical professional.

2.) I am aware of all the risks inherent in Grand Masters Hockey (for over 55 years of age - training and competition) including potential Covid infection (even post vaccination), injury, disability or death.

3.) I will waiver any claims against the Western Province organising committee (WPGMHA) and the South African Masters Over 60's (previously the South African Grand Masters Hockey Association (SAGMHA)), the South African Hockey Association (SAHA), the World Masters Hockey (WMH) and their offices, members, coaches, managers, players, servants and agents and indemnify the same in respect of all claims arising from or connected with venues of the WPGM IPT of 17 - 20 March 2022.

4.) I accept the FIH Rules of Hockey, the SAGMHA constitution and the SAGMHA Code of Conduct. All these forms (including this registration form) can be downloaded off the SAGMHA website.

5.) All personal details are strictly confidential and are kept in closed envelopes at the venues for medical personal and the team managers only. All documentation is destroyed after the tournament.

MEMBERS PERSONAL DETAILS					
FULL NAME					
I.D. NUMBER	DATE OF BIRTH				
ADDRESS					
CITY AND PROVINCE					
FAMILY DOCTOR (G.P.)	IUMBER				
EMERGENCY CONTACT PERSON					
RELATIONSHIP	NUMBER				
MEDICAL AID	M.A. NUMBER				
ΡΟΡΙΑ ΑCCEPTANCE	YES	NO			

Affiliated tp WMH recognised by FIH

Committee: Barry Froneman (President - SG), Michael Broughton (Treasurer - SG), Rob Birt (Secretary - WP), Judy Linden (KZN), Basil Evans (KZN),
Gary Talbot (EG) and Karl Luff (WP)
Page1

BASIC MEDICAL QUESTIONNAIRE (2023)

Please read carefully and fill in this form as accurately as possible. The doctor on call can thus be better equipped to support you in the case of an emergency. If you think it necessary, please use the back of the page to supply any additional relevant information.

It is recommended that individuals undertake a general and sport-specific check-up at your general practitioner (G.P.) prior to the Inter Provincial Tournament.

HAVE YOU HAD ANY COVID 19 SYMPTOMS IN THE LAST 14 DAYS			YES		NO	
HEIGHT (cm)	WEIGHT (k	g)	BLOOD GROUP			
LOOD PRESSURE HEART RATE (bpm)		E (bpm)	DATE MEASURED			
AVAILABLE FOR SELECTION FOR WC 2024 (TBC)		BC)	YES		NO	
COVID 19 - EVDS VACCINATION	NUMBER				-	
PLAYER COACH		MANAGER	PHYSIO		UMPIRE	
DO YOU SUFFER FROM	ANY OF TH	E LISTED SYMPTO	OMS OR E	DISEASES	5	
RAISED BLOOD PRESSURE/ HYPERTENSION		YES		NO		
THROMBOSIS, EMBOLISM OR STROKE			YES		NO	
RESPIRATORY SYSTEM DISEASES (ASTHMA)		YES		NO		
DIABETES	IABETES		YES		NO	
EPILEPSY			YES		NO	
KIDNEY OR URINARY DISEASE			YES		NO	
PLEASE DESCRIBE ANY OPERAT AND PROCEDURE, WHERE, WH STATUS).					•	
ARE YOU ALLERGIC TO ANY FO OTHER).	OD, MEDICATI	ON OR ANYTHING ELS	SE (LATEX, IC	DDINE CON	ITRASTS, INSECTS AND	
ARE YOU A SMOKER?		OFTEN	OCCASI	ONALLY	NEVER	
DO YOU DRINK ALCOHOL?		OFTEN	OCCASI	ONALLY	NEVER	
I AGREE TO INFORM OUR PHYS		OFTEN	ULLASI	UNALLY	INEVER	

I CONFIRM THE INFORMATION SUPPLIED IN THIS QUESTIONNAIRE IS AUTHENTIC AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

Please return to your team manager, they must have available at all the games.

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