



Athlete Registration & Consent Pack

Indemnity · Medical Waiver · Media & POPIA Permissions

One form must be completed, signed and returned for every player in the squad. The parent or legal guardian must sign where the athlete is under 18. Completed forms are handed to the tournament registration desk before the team's first game. Medical and contact information on this form is kept confidential and is never published.

SECTION 1 · ATHLETE AND PARENT / GUARDIAN DETAILS

FULL NAME OF ATHLETE		DATE OF BIRTH (DD/MM/YYYY)	AGE
SCHOOL / TEAM		JERSEY NUMBER	PLAYING POSITION
PARENT / LEGAL GUARDIAN FULL NAME		RELATIONSHIP TO ATHLETE	
MOBILE / WHATSAPP NUMBER	ALTERNATIVE EMERGENCY CONTACT	EMAIL ADDRESS	
RESIDENTIAL CITY / SUBURB	PROVINCE		

SECTION 2 · MEDICAL AID AND DOCTOR CONTACT DETAILS

2.1 Medical aid scheme

MEDICAL AID PROVIDER		PLAN / OPTION / NETWORK
MEMBERSHIP / POLICY NUMBER	DEPENDENT CODE	PRINCIPAL MEMBER FULL NAME
PRINCIPAL MEMBER ID / PASSPORT NO.	PRINCIPAL MEMBER CONTACT NUMBER	

2.2 Primary healthcare provider / family doctor

DOCTOR / PAEDIATRICIAN NAME		PRACTICE / CLINIC NAME
PRACTICE PHONE NUMBER	EMERGENCY / AFTER-HOURS NUMBER	CITY / SUBURB

2.3 Medical history and disclosures (strictly confidential — event medical team only)

BLOOD GROUP (IF KNOWN)

☐ A+ ☐ A- ☐ B+ ☐ B- ☐ O+ ☐ O- ☐ AB+ ☐ AB- ☐ Unknown

KNOWN ALLERGIES (MEDICATION, BEE STINGS, FOODS, ADHESIVES)

CHRONIC ILLNESSES / CONDITIONS (ASTHMA, EPILEPSY, DIABETES, CARDIAC)

CURRENT CHRONIC MEDICATION / INHALERS

PREVIOUS SERIOUS INJURIES OR CONCUSSIONS IN THE LAST 12 MONTHS



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Emergency authorisation · Indemnity · Athlete code of conduct

SECTION 3 · EMERGENCY MEDICAL TREATMENT AUTHORISATION

1. I authorise the designated tournament medical team, on-duty paramedics and Mandeville Sports Club first responders to administer first aid, triage and emergency medical treatment to the athlete named above.
2. Where emergency hospitalisation or specialised treatment is required, I authorise the medical team to contact the family doctor listed in Section 2, share the relevant medical disclosures, and arrange ambulance transfer to the nearest accredited emergency unit.
3. Where reasonable attempts to reach me first would delay life- or limb-saving care, I consent on the athlete's behalf to urgent medical, surgical or anaesthetic intervention.
4. I accept that all medical expenses, co-payments, ambulance charges and hospital fees remain the responsibility of the parent, legal guardian or medical aid scheme.
5. I acknowledge the tournament concussion protocol: the tournament medic has sole authority to remove an athlete from play where a concussion or serious head injury is suspected, and the athlete may not return to play without written medical clearance.

SECTION 4 · ASSUMPTION OF RISK AND INDEMNITY

1. Voluntary participation. I understand that competitive basketball is a fast, full-contact sport carrying inherent risks including sprains, fractures, concussion, collisions with players or equipment, and heat or fatigue related illness. The athlete participates voluntarily and is in sound physical health to compete at this level.
2. Release of liability. To the maximum extent permitted by South African law, including the Consumer Protection Act, I release and hold harmless the Top 10 Tournament organisers, committee members and officials; Mandeville Sports Club, its management and staff; and tournament sponsors, partners, referees and technical officials, from any claim for personal injury, illness, accident, or loss of or damage to personal property arising during the tournament, save where caused by gross negligence.

SECTION 5 · ATHLETE CODE OF CONDUCT

1. The athlete agrees to respect referees, technical officials, opponents, team-mates and venue staff at all times, and accepts that the referee's decision is final.
2. The athlete agrees to play free of performance-enhancing substances, alcohol and recreational drugs, and to abstain from smoking or vaping at the venue.
3. The athlete agrees to arrive on time in correct team kit, to remain with the team between games, and to treat Mandeville Sports Club facilities and other schools' property with care.
4. The athlete understands that abusive language, fighting, racism, intimidation or unsporting conduct may result in ejection from a game or removal from the tournament, and that the school will be notified.



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Media and POPIA permissions · Declaration and signatures

SECTION 6 · MEDIA, BROADCAST AND POPIA PERMISSIONS

Under the Protection of Personal Information Act (POPIA), the tournament protects personal data while publicly celebrating athlete achievement.

6.1 Public player profile and statistics

- Published publicly on top10tournament.co.za: the athlete's full name, playing position, jersey number, school, graduation year, height, date of birth, age, nationality, and game-by-game statistics.
- Never published: home address, personal phone numbers and email addresses, medical aid details and medical disclosures. These remain confidential in the secure organiser system.

6.2 Photography, video and live broadcast

- Photography and video recording of the athlete during matches, warm-ups, arrivals and ceremonies at Mandeville Sports Club.
- Use of those images and clips by the Top 10 Tournament and its official partners, including title sponsor Courtside, across the official website, live match streams and live statistics widgets, official social media channels (@top10tournament on Instagram, Facebook and X), event programmes, promotional highlights and news articles.

Media consent may be withdrawn in writing at any time by emailing the tournament organiser. Withdrawal does not affect material already published, and does not affect the athlete's eligibility to play.

SECTION 7 · DECLARATION AND SIGNATURES

I certify that I am the parent or legal guardian of the athlete named in Section 1. I have read, understood and agreed to the emergency medical authorisation, the indemnity, the athlete code of conduct, and the media and POPIA permissions set out in this document. The athlete signs below to acknowledge the code of conduct in Section 5.

PARENT / LEGAL GUARDIAN SIGNATURE

PRINT NAME

DATE (DD/MM/YYYY)

ATHLETE SIGNATURE

PRINT NAME

DATE (DD/MM/YYYY)

TEAM MANAGER / COACH VERIFYING SUBMISSION

SCHOOL

DATE (DD/MM/YYYY)

FOR OFFICE USE · TOURNAMENT REGISTRATION DESK

☐ Indemnity received☐ Medical form verified☐ Media consent granted☐ Cleared to play