



RING CONTACT FIGHTING ARTS REGISTRATION FORM

(Please Print)

Today's date:			Official Use:		
INSTRUCTOR'S INFORMATION					
Instructor's Surname:		Full names:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Marital status (circle one) Single / Mar / Div / Sep / Wid					
Do you run a club? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your club's name?		If Yes: Please complete the Club Information section below.	
		Birth date: / /		Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Identity no.:		Home phone no.: ()
Current Grade:		Current Style:			Cell phone no.: ()
Date Passed:		Please attach a copy of your last grading certificate.			
Postal address:		City:	District:	Province/State:	Code:
Method of communication to you (please check boxes): <input type="checkbox"/> E-mail <input type="checkbox"/> SMS <input type="checkbox"/> WhatsApp (Group)					
Judges course completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Class Judge: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Referees course completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Class Referee: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
NQF Qualification Level?					
E-mail address:					
CLUB INFORMATION					
(Please complete.)					
Street address:			Web Site:		Club phone no.: ()
Postal address:		City:	District:	Province/State:	Code:
Total amount of enrolled students:	Male:	Female:	Please complete and attach the Student Registration Form available on the website.		
Is this Club covered by insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the Instructor First Aid qualified?		<input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your First Aid certificate.			
Did all students undergo their annual medical check?		<input type="checkbox"/> Yes <input type="checkbox"/> No Instructor to present copies of medical certificates at all events.			
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at same address):			Relationship to Instructor:		Cell phone no.: ()
					Work/Home phone no.: ()
Annual RCFA Club Registration fee is R500 per Club. All RCFA Clubs must register their clubs and students. RCFA Club Registration fee must be paid into the RCFA National account: Ring Contact Fighting Arts, FNB Business Account: 62929922757, Branch code 230145, (Zambesi Drive)					
The above information is true to the best of my knowledge. Please scan and e-mail your registration form to the RING CONTACT FIGHTING ARTS National Office, info@rcfa.co.za.					
_____ Instructor signature			_____ Date		

Attached (please check boxes): Grading certificate Student Registration First Aid certificate Judge & Ref Proof of payment.