**Logo, company name

Description automatically generatedSOUTH AFRICAN KICKBOXING ASSOCIATION**

**PROVINCIAL / DISTRICT HEAD DECLARATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the Provincial/District Head of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declares that I have all the instructors in my provinces declaration’s forms, for their students to participation at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a SAKA event on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have passed their annual medical and have been declared healthy and fit by a medical doctor to do kickboxing.

The Provincial / District heads furthermore declare that their students are still healthy and fit to participate at the above event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Provincial / District Head Date

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| *CLUB NAME* | *INSTRUCTOR NAME* |
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