



269 Von Willich Ave
 Corporate Park 66
 Block D
 Ground Floor
 Centurion
 0157
 E-mail: info@tennissa.co.za

P. O. Box 521022
 Saxonwold
 South Africa
 2132
 Tel: +27-11-4420500
 Fax: +27-11-4420503
 Reg. No. 2000/018796/08

COVID-19 COACHING LICENSE APPLICATION FORM

COACH INFORMATION

Surname				
Full Names				
ID nr				
Contact Details	Cell nr	Tel nr (W)	Tel nr (H)	E-mail address
Physical address of coaching facility				

I _____ (Coach Name) confirms that as a residential coach at _____ (Name of the club/Facility) will follow the coaching rules and regulations set out by Government, TSA Covid-19 coaching documents along with any guidelines of the facility being used.

I further agree to fully comply with the TSA Coaching Code of Ethics/Code of Conduct incorporating the COVID 19 clause. I also understand that breaking the COVID 19 terms and conditions is a criminal offence as per regulations set by National Government.

Coaches Signature: _____

Signed at _____ on this the _____ day of _____ 2020.

Board of Directors:

G. Crookes (President), R. Davids (Vice-President), J.J. Klaasen, Z. Beukes, G. Ntuli, A. Karam, F. Cassim, S. Liebenberg, H. Brody, G. Whyte, A.H. Loubser, A.G. Fichardt, M. Ravele, B. Conradie, D. Jaquire, B. Visee.



CEO: R. Glover



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PLEASE NOTE: Complete one form per Venue

FACILITY MANAGER/CLUB CHAIRPERSON/SCHOOL HEADMASTER

Surname	
Full Names	
ID nr	
CONTACT NO:	

I _____(Club chairperson/Facility Manager/School Principal) confirms that _____(Name of the coach) is our residential coach who is in good standing with the club, we hereby gives him/her permission to conduct coaching lessons under the rules and regulations set by TSA during this Covid-19 lockdown. If you have any queries, please do contact me on the information above.

Club Chairperson/Facility Manager Signature: _____

Signed at _____ on this the _____ day of _____ 2020.

OFFICE USE ONLY:

I _____ Coaching Manager approves the application for the above coach for coaching during Covid 19 coaching licence.

Official Stamp of the Federation

Coaching Manager Signature: _____

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CEO: R. Glover