

PROTEA/MASTERS PLAYER SELECTION AVAILABILITY: 2025

THIS FORM IS TO BE COMPLETED BY ALL **2025 PROVINCIAL/MASTERS PLAYERS** WHO ARE ELIGIBLE FOR PROTEA OR MASTERS SELECTION. **TEAM MANAGERS** MUST HAND IN THE COMPLETED FORMS TOGETHER WITH ALL REQUIREMENTS TO THE GENERAL SECRETARY ON MONDAY **14 JULY 2025**. **FAILURE TO DO SO WILL ELIMINATE PLAYERS FROM SELECTION.**

NON-COMPLIANCE OF THE DEADLINE WILL MEAN THAT YOU ARE UNAVAILABLE AND ARE THEREFORE EXCLUDED FROM THE SELECTION PROCESS.

LAST NAME	
FIRST NAMES	
ID NUMBER	
PASSPORT NUMBER	
COVID 19 VACCINATIONS	AS THERE ARE NO COVID RESTRICTIONS IN PLACE, IT IS UNNECESSARY TO PRODUCE PROOF OF VACCINATION
PHYSICAL ADDRESS	
POSTAL ADDRESS	
HOME TEL NO	
WORK TEL NO	
FAX NO	
CELL NO	
E-MAIL ADDRESS	
PLAYING SHIRT SIZE	SMALL / MEDIUM / LARGE / EXTRA LARGE / STATE OTHER SIZE
HOME LANGUAGE	
SPEAK	
COMPUTER LITERACY	

I AM **AVAILABLE / UNAVAILABLE** FOR PROTEA/MASTERS SELECTION TO REPRESENT SOUTH AFRICA AT THE:

YES/NO

2026 AUSC REGION 5 DARTS CONFEDERATION SENIOR AND MASTERS DARTS CHAMPIONSHIPS SCHEDULED TO BE HELD IN BOTSWANA. VENUE AND DATES TO BE CONFIRMED.	
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PLEASE NOTE THAT SELECTED MASTERS ARE AWARDED DARTS SOUTH AFRICA (DSA) COLOURS.

I AM A SOUTH AFRICAN CITIZEN AND HOLD A VALID IDENTITY BOOK AND SOUTH AFRICAN PASSPORT. CERTIFIED COPIES OF BOTH ARE ATTACHED TO THE APPLICATION TOGETHER WITH **ONE** PASSPORT SIZE PHOTOGRAPH.

I DECLARE THAT I AM NOT A MEMBER, NOR HAVE I PARTICIPATED IN THE ACTIVITIES OF AN UNRECOGNISED STRUCTURE AS DEFINED IN THE DSA CONSTITUTION:

.....
SIGNATURE

IF SELECTED, I WILL REPRESENT MY COUNTY WITH PRIDE AND HONOUR AND ACCEPT THE FOLLOWING:

1. That I represent my Country and Darts South Africa (DSA) and that I am subject to and will apply the Code of Conduct as laid down by DSA.
2. To support the Team Management and be subject to any disciplinary action should I fail to abide by the team rules or fail to conduct myself in an acceptable manner.
3. That I will purchase and/or have available a regulation blazer, formal shirt/s, formal trousers/slacks and tracksuit (optional) as laid down by DSA.
4. To co-operate with all reasonable requests related to my selection to represent South Africa made by DSA.
5. That I will attend a Managers and Players briefing immediately after the Closing Ceremony on Saturday 19 July 2025 when the Teams will be announced.
6. Selected Players are required to contribute towards the costs of the tour, which contribution will be determined by the Financial Director. All additional expenses are for the Players personal account.
7. That I require a formal letter from DSA to support my special personal fund raising towards my personal tour costs. I will not misrepresent to the public and/or any other party my amount of funds required.
8. That, if I am found guilty of any serious misconduct, I will be personally responsible for any costs that may be involved; and
9. That I agree to be tested for substance abuse (drug testing) by the African Union Region 5 Confederation and the World Darts Federation.

ACKNOWLEDGEMENT OF FINANCIAL UNDERTAKING

Selected AUSC Region 5 Players will be required to pay the total player contribution on the payment deadline which will be communicated after the 2025 DSA AGM.

DSA's banking details: Standard Bank – Overport, Account No 051234335
Reference: **Player's Name**

I will e-mail a copy/ies of the proof of payment to the General Secretary, to GenSec@dartssa.org after each deposit.

I understand and accept that should these monies not be paid in full by the due date I will be removed from the Protea Team.

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SIGNATURE OF PLAYER

WITNESSED BY:

PRINT NAME: _____

SIGNATURE OF PROVINCIAL PRESIDENT:
