

SITE FITNESS

Sport introduction, training & equipping.

APPLICATION FORM

PARTICULARS OF LEARNER	
Grade	
Surname	
Full Name(s)	
Date of Birth	
Gender	
Physical Address	
Allergies	
Medication	
Additional Information of Importance	
PARTICULARS OF FATHER	
Surname	
Full Name(s)	
Date of Birth	
ID Number	
Occupation	
Employer	
Contact Details	Work: Home: Cell: Email:

PARTICULARS OF MOTHER

Surname

Full Name(s)

Date of Birth

ID Number

Occupation

Employer

Contact Details

Work:

Home:

Cell:

Email:

ALTERNATE CONTACT IN CASE OF EMERGENCY

Surname

Full name(s)

Physical Address

Relationship to Applicant

Contact Details

Work:

Home:

Cell:

Email:

FEES

The fee for 2023 is **R450 per month**. These fees are payable monthly in advance over 12 months. One calendar months' notice is required on termination. All fees are payable on or before the first of every month. No child will be allowed to participate if any fees are outstanding.

Financial Obligation:

I/we, the undersigned parent/parents/guardian of _____ hereby confirm that the information supplied is correct to the best of my/our knowledge.

I/we hereby also admit that I am/we are liable for the payment of fitness fees.

Should any arrear fees be handed over for collection, I/we will be held responsible for all charges related to the collection of the outstanding amount.

Parent/Guardian 1:

(Name and Surname)

(Signature)

(Date)

Parent/Guardian 2:

(Name and Surname)

(Signature)

(Date)

WAIVER OF LIABILITY

Liability release:

Recognising that participation in any physical activity includes the inherent possibility of both external and internal injury and acknowledging that in his/her capacity as my Trainers/Coaches (Wayne Swanepoel and Calum Gray) takes every precaution to prevent the above.

I, _____ parent of _____ waive all legal claims against Wayne Swanepoel and Calum Gray for any injury or damage that my child might incur during or as a result of my participation in a training programme prescribed by him/her.

Name and Surname of Parent: _____

Signature of Parent: _____

Name and Surname of Witness: _____

Signature of Witness: _____

Date: _____