

PLEASE COMPLETE THE REGISTRATION FORM AND RETURN IT WITH THE REGISTRATION FEES R500 (R250 for a second child) on THE 17th JANUARY 2018

Besonderhede van Gimnas / Particulars of gymnast

NAME.....D.O.B.....

ID NO.....PASSPORT NO.....

ADDRESS.....

.....CODE.....

SCHOOL.....TEL.....GRADE.....

ANY OTHER RELEVANT INFO eg: ALLERGIES ETC.

Besonderhede van ouers/voogde / Particulars of parents /guardians

	FATHER	MOTHER
NAME		
TEL		
E-MAIL		
OCCUPATION		

FAMILY DOCTOR.....TEL.....

MEDICAL AID

MEDICAL AID NO.....

INDEMNITY

I.....parent/guardian hereby agree that my son/daughter
.....takes part in the sport of gymnastics and that I indemnify
the Van der Stel Gymnastic Club and the Van der Stel Sport Club and their coaches from
all blame for injuries incurred if all due precautions were met.

**In case my son/daughter no longer wishes to continue with the sport. I,
....., will give a terms notice and be responsible for the term fees.**

Signature of parent/guardian.....Date

Please return the completed form including your first term or monthly payment.
Receipts will be issued on request for all monies received.