

PLEASE COMPLETE THE REGISTRATION FORM AND RETURN IT WITH THE REGISTRATION FEES **R464** on THE 17th JANUARY 2019 (same as 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.