



INDEMNITY & ENROLMENT FORM

Po Box 474, Bromhof, 2154
Tel: +27 (0)81 240 1878,
E mail: admin@visionsgymnastics.co.za
Website : www.visionsgymnastics.co.za

SURNAME.....

NAME.....

DATE OF BIRTH.....

RESIDENTIAL ADDRESS.....

POSTAL ADDRESS.....

TELEPHONE NUMBERS: HOME:

FATHER WORK.....CELL.....

MOTHER WORK.....CELL.....

E – MAIL 1

E – MAIL 2

OTHER CONTACT PERSON IN CASE OF EMERGENCY.....

TEL.HOME.....WORK.....CELL.....

DOCTOR'S NAMETEL.NO. ROOMS.....

MEDICAL AID:.....PLAN.....NO.....

PLEASE LIST ANY PHYSICAL DISABILITIES / HISTORY OF ILLNESS/ ALLERGIES (OF THE GYMNAST) WHICH WE SHOULD KNOW OF

.....

- 1. I specifically record that my child is physically, medically and mentally fit to become a member of Visions Gymnastics and to participate in the sport of gymnastics and I hereby acknowledge the possibility of injury occurring whilst doing gymnastics
- 2. All payments due by me in respect of my child's membership and tuition fees will be paid in advance (before the 7th of each month)and I will remain liable for the fees due by me irrespective of whether or not my child attends classes and shall so remain liable until such time as my child's membership is terminated as provided for in the brochure
- 3. I have read and understood the contents of the Club brochure and agree to abide by the club rules and regulations as set out in the brochure. I will further agree to abide by the rules and constitutions of the Central Gauteng Gymnastics Association and South African Gymnastics Federation.

PLEASE COMPLETE INDEMNITY AND FINANCIAL FORM ON THE REVERSE SIDE

INDEMNITY

I the undersigned.....Parent/legal guardian of gymnast.....hereby indemnify, hold harmless and absolve from liability Visions Gymnastics and all its members, employees and agents responsible for the care and well-being

of.....(gymnast) from any claim which might arise from an injury sustained or damage suffered by him / her whilst under the care or whilst being conveyed by the said club, it's members, employees and agents and which is caused by any act or omission of Visions Gymnastics.

I hereby authorize the said club through its members, employees or agents in case of necessity to act on my behalf in loco parentis and to give my consent whether written or verbal, for the performance of any medical procedure, investigation and treatment of whatever nature which may be necessary as far

as.....(gymnast) is concerned provided such operation, procedure, investigation or treatment is recommended and prescribed as necessary by a duly qualified medical practitioner.

DATED AT:/...../.....(day/month/year)

SIGNED: PARENT / LEGAL GUARDIAN.....

I.D. or Passport NUMBER.....

Financial obligation agreement

Name & Surname of Person responsible for payment.....

Contact Details:

Postal address for registered post:

.....I.D.

Mobile phone (SMS Notification details):

Email address (e-mail Notification):

Fees for Gymnastics classes:

Please note that gymnastics fees are payable for 11 months - January to November and in advance. 10% discount will apply if fees are paid in full for the year by the 30th of January each year

I..... agree to pay for gymnastics lessons as set out in this document and the fee structure form. I have read and understand all the terms and conditions as set out in the club brochure and terms and conditions and agree to it.

Signature of person responsible for account payments

Date

Banking details will be supplied on the yearly fee structure form.



FEE STRUCTURE FORM

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Website : www.visionsgymnastics.co.za

Banking details:

Available on request from our office

BELOW DETAILS TO BE FILLED OUT ONCE CLASSES ARE CONFIRMED

Monthly fee forhrs./week	R.....
Annual registration fee (every year)	R.....
Arrears brought forward from 20.....	R.....
Total payable first month of 20.....	R.....

NOTE:

1. It is possible for a gymnast to make progress during the year. In this case they may be placed in a group with more training hours and that will have an impact on the fees. All changes will be discussed with the parents first before being implemented.
2. Any changes in fees will result in completion of a new fee structure form and dated accordingly
3. Our gymnastics fees are for training only. Other items such as clothing, competitions, testing events, affiliation fees and other stock items will be billed separately.

Monthly payment date:(if different from the 7th and arranged with Adele Heine)

Signature of person responsible for account payments

Date

ACCEPTED METHODS OF PAYMENT:
Electronic Transfer / Cash / Cheque

ALL FINANCIAL QUERIES: finance@visionsgymnastics.co.za

Financial Terms and conditions

1. Gymnastics fees are calculated based on the amount of hours per week allocated to each gymnast.
2. Annual registration cover the following: Club apparatus levy, Club T-shirt, Gauteng affiliation and South African Gymnastics Federation affiliation.

These registration fees are payable every year in January.

3. In the event of changes to the class times, new fees will be calculated and the person responsible for the payment will have to sign a new financial obligation agreement.
4. Injury, illness, holidays or any other reason for non-attendance does not warrant discount or a waiver of gymnastics fees. All fees will be payable regardless of the above reasons for non-attendance.
5. It is understood that there are risks of injury in participating in sport. In extreme cases of non-attendance due to injury or illness (6 weeks or more) the person responsible for the account may appeal to the directors of Visions gymnastics club for a discount or temporary revision of the fee structure. Each case will be handled on its own merit.
6. In the event of cancellation/termination of gymnastics lessons at Visions gymnastics club a one (1) month written notice will be required. A month's fee will be payable in addition to all outstanding fees or monies due to the club. Once all debt with the club is settled the club will then issue the gymnast with a clearance letter. Gymnasts may train out their notice month.

Unless 1 month's notice is given in the beginning of November, we assume gymnasts will return in January the following year, failing which a month's notice will be charged.

7. Failure to pay any gymnastics fees will result in debt collection action and the costs will also be for the customer's account
8. Payment information:
 - a. The first payment of the year will be for monthly fees, annual registration and (if applicable) any fees due from a previous outstanding account with Visions gymnastics club.
 - b. Fees are payable in cash, bank account deposit, EFT or cheque.
 - c. Fees are payable before or on the 7th day of each month. If the 7th falls on a Saturday or Sunday then fees are due the Friday before the 7th. Any other date for payment must be arranged with the directors and confirmed on this document.
 - d. Any payments received will be allocated in the following order:
 - i. First and foremost towards gymnastics class fees,
 - ii. Then registration fees,
 - iii. Then clothing orders,
 - iv. Then competition entry fees
9. Late payment notification and collection system:
 - a. If gymnastics fees are late the club will give you a telephonic reminder.
 - b. If gymnastics fees are late by more than a month the club has the right to suspend classes until fees are paid.
10. Any arrangement for a change in payment date or any late payment arrangement must be made in writing to the directors of Visions Gymnastics Club.
11. The above measures are necessary to ensure that Visions gymnastics club will be in a position to deliver service and meet its own financial obligations.

I _____ have read and understood the terms and conditions as stipulated above.

Signature of person responsible for account

Date