

GYMKIDZ Indemnity Form

Please complete and return to your child's school

(A new form needs to be completed each year.)

Venue Details

School: _____

Coach: _____

Child's Details

Name: _____

Surname: _____

Address: _____

Postal Code: _____

Birth Date: _____

Age: _____

Gender: (PLEASE TICK ONE)

Boy Girl

T-shirt size: (PLEASE TICK ONE)

2-3 Years

4-5 Years

5-6 Years

7-8 Years

9-10 Years

11-12 Years

Small

Medium

Large

Allergy Information

Please supply any extra information such as allergies, disabilities and behaviours etc. that the instructor must be made aware of:

Home Doctor's Name: _____

Home Doctor's Contact Number: _____

Parent/Guardian Contact Details

Full Name: _____

Surname: _____

I.D Number: _____

Home Tel: _____

Work Tel: _____

Mobile: _____

Email: _____

Acknowledgement

I have read, understood and will abide by the terms and conditions of GYMKIDZ (PLEASE TICK)

Yes

Signatory:

Full name: _____

Date: _____

Fees

Fees: R _____ x _____ terms

Annual Registration (ONCE OFF FEE PER YEAR)

Method of Payment:

(PLEASE TICK)

Cash

Cheque

EFT