



# KUZUSHI JUDO KWAI

## MAKING A DIFFERENCE

Affiliated to Judo South Africa, Gauteng Judo Federation, West Rand Judo Association & West Rand Sports Confederation

---

### ENROLMENT / INDEMNITY FORM

I GIVE PERMISSION FOR MY CHILD TO ATTEND JUDO CLASSES.

I ABSOLVE THE INSTRUCTORS AND ALL PARTICIPATING PARTIES WHATSOEVER FROM ANY RESPONSIBILITY SHOULD MY CHILD SUSTAIN AN INJURY DURING A PRACTICE SESSION OR AT ANY OTHER TIME, INCLUDING TRANSPORT TO AND FROM JUDO WHEN APPLICABLE.

WHILST EVERY EFFORT WILL BE MADE TO PROVIDE A SAFE AND CLEAN TRAINING ENVIRONMENT, ADHERING TO ALL SPECIFIED COVID -19 SAFETY PROTOCOLS, I ABSOLVE THE INSTRUCTORS AND ALL PARTICIPATING PARTIES FROM ANY RESPONSIBILITY SHOULD MY CHILD BECOME ILL DURING OR AFTER A TRAINING SESSION. PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY AS A PARENT/S TO ENSURE THAT YOUR CHILD IS MEDICALLY HEALTHY TO PARTICIPATE AND THAT YOUR CHILD DOES NOT ATTEND ANY CLASSES WHEN ILL.

I AGREE TO PAY THE FEES WITHIN THE FIRST MONTH OF EVERY NEW TERM. I TAKE NOTE THAT FEES WILL INCREASE AT THE BEGINNING OF EACH NEW SCHOOL YEAR.

I UNDERTAKE TO GIVE ONE TERM'S WRITTEN NOTICE SHOULD MY CHILD DECIDE TO STOP WITH JUDO. I TAKE NOTE THAT ALL FEES ARE PAYABLE DURING THE NOTICE PERIOD. I TAKE NOTE THAT OVERDUE ACCOUNTS WILL BE HANDED OVER TO DEBT COLLECTORS FOR COLLECTION. I ACCEPT RESPONSIBILITY FOR ALL COSTS THAT THE OWNERS OF KJK AND THE DEBT COLLECTORS WILL CHARGE CONCERNING THE COLLECTION OF OVERDUE FEES. I FURTHER NOTE THAT MY PERSONAL DETAILS WILL BE PROVIDED TO A DEBT COLLECTOR SHOULD MY FEES BE OUTSTANDING AND OVERDUE.

I, \_\_\_\_\_ ( FULL NAME AND SIGNATURE) CONFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS.

### PERSONAL DETAILS OF CHILD

NAME .....  
SURNAME .....  
DATE OF BIRTH .....  
MEDICAL PROBLEMS .....  
SCHOOL THAT STUDENT ATTENDS.....  
POSTAL ADDRESS.....  
RESIDENTIAL ADDRESS .....  
TEL NO HOME.....  
TEL NO MOTHER - WORK.....  
TEL NO FATHER - WORK.....  
CELL NO MOTHER.....  
CELL NO FATHER.....  
DATE STUDENT JOINED JUDO.....  
E-MAIL ADDRESS.....

### ADDITIONAL DETAILS OF PARENTS / GUARDIANS

NAME AND SURNAME OF FATHER .....  
ID NUMBER - FATHER.....  
NAME AND SURNAME OF MOTHER.....  
ID NUMBER - MOTHER.....  
APPROVING SIGNATURE OF PARENT / GUARDIAN .....

### 2022 FEES

**TERM FEES : R280 P/M X 10 months ( Feb-Nov) or R680 per term ( 4 terms per year)**

**KJK REGISTRATION/ENROLMENT FEE: R150 per annum**

**BANKING DETAILS: KJK, NEDBANK KRUGERSDORP BRANCH. ACCOUNT NUMBER- 1988418313. BRANCH CODE-198841.**

**CELL NO – 083 329 5923 E-MAIL ADDRESS – [katjajudo@iburst.co.za](mailto:katjajudo@iburst.co.za) WEBPAGE [www.kkjudo.co.za](http://www.kkjudo.co.za)**