



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

TERM FEES 2022

R920 PER CHILD PER TERM (may be paid in 2 installments of R460 every term)

ANNUAL AFFILIATION/REGISTRATION FEE: R380 (includes a JUDO T-Shirt)

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

CELL NO – 083 329 5923 E-MAIL ADDRESS – katjajudo@iburst.co.za WEB PAGE – www.kjkjudo.co.za