ENROLMENT FORM 2018

EAGLE TUMBLING CLUB

PARENT INFORMATION

Mother Name_____ I.D No_____

Cell No_____ Email_____

Occupation _____ Employer _____ Work No _____

Father Name_____ I.D No_____

Cell No_____ Email_____

Occupation _____ Employer _____ Work No _____

Residential Address _____

Next of Kin _____ Cell No_____

I wish to enroll the following pupil(s) as a member of the Eagle Tumbling Club, and hereby agree to abide by the Rules of the Club.

Name : ……..…….…….…..... . .. . DATE OF BIRTH: ……..……..... School : ……..…

Name : …..……... . . . . DATE OF BIRTH :……. …….. School : ……

Name : …..…….. . . . . DATE OF BIRTH :……. ……. . School : ……

M	F
M	F
M	F
N	E
REG	
M T W T	
M T W T	
M T W T	
TOTS	
R	
R	
R	
R	
Cash	EFT

RULES OF THE EAGLE TUMBLING CLUB

1. **ANNUAL EQUIPMENT LEVY AND ADMINISTRATION FEE** - R200.00 (PAYABLE PER YEAR PER MEMBER)

2. **MONTHLY FEES ARE AS FOLLOWS**

		1x / week	2x / week	3x / week	4x / week
1st child	(per month)	R440.00	R600.00	R800.00	R880.00
2nd child	(per month)	R420.00	R580.00	R780.00	R860.00
3rd child	(per month)	R400.00	R560.00	R760.00	R840.00

ALL PARENTS TO SIT UPSTAIRS. NO PARENT WILL BE ALLOWED ON THE FLOOR

.3 **FEES ARE PAYABLE IN ADVANCE**, PROMPTLY BEFORE THE 7th OF EACH MONTH

.4 **TERMINATION** OF MEMBERSHIP MUST BE DONE IN WRITING **ONE CALENDAR MONTH** IN ADVANCE BY EITHER PARTY OR THE PRESCRIBED MONTHLY FEE WILL BE PAYABLE.

5. PLEASE NOTE THAT IF PAYMENT IS NOT MADE WITHIN 90 DAYS, THE ACCOUNT WILL BE HANDED OVER TO OUR ATTORNEYS FOR COLLECTION. YOU WILL BE HELD LIABLE TO PAY ANY COLLECTION AND/ OR ATTORNEY FEES ON THE ATTORNEY CLIENT SCALE.

6. PLEASE ADVISE US OF ANY EPILEPSY, SEIZURES, CONVULSIVE OR ASTHMATIC PROBLEMS WITH REGARDS TO YOUR CHILD'S HEALTH.. HOWEVER, WE CAN NOT BE HELD LIABLE IF THE ABOVE OCCURS. SPECIFY:
_____

7. FEES ARE PAYABLE FOR 12 MONTHS OF THE YEAR.

8. THE CLUB WILL BE CLOSED ON ALL PUBLIC HOLIDAYS, 25 - 29 JUNE AND 1 - 5 OCTOBER AND FOR THE DECEMBER SCHOOL HOLIDAYS. CLASSES CAN BE MADE UP THAT ARE MISSED DURING THESE PERIODS

SIGNED : ……..…….……. DATE : ……

P.T.O