



Hill Park Lane, Mowbray
P.O. Box 13054
Mowbray 7705
Tel: 021-686 9213
Fax: 086-510 9535
Cell: 082-545 6675
E-mail: info@gordonsct.co.za
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MEMBERSHIP FORM: GORDONS GYMNASTICS CLUB (PTY) LTD / GORDONS SPORTS CLUB CC

If you are concluding this Agreement in your capacity as a parent or legal guardian of the Child, please complete Sections A, C and D. If you are a major male/female concluding this Agreement in your own name, please complete Sections B, C and D.

SECTION A – GENERAL INFORMATION

DETAILS OF THE PARENT/LEGAL GUARDIAN

Full names: _____

Identity number: _____

Relationship with the Child: _____

Telephone number: _____ Work number: _____

Cellphone number: _____ Email address: _____

Physical address (*domicilium citandi et executandi*):

_____ Code: _____

Postal Address:

_____ Code: _____

Emergency contact: _____ Tel: _____

Relationship to the Child: _____

DETAILS OF THE CHILD

Full names: _____

Date of birth: _____

Physical address: _____

_____ Code: _____

Postal Address:

_____ Code: _____

CHILDS MEDICAL INFORMATION

Does the Child suffer from any known allergies, illnesses or medical condition? _____

If yes, please specify: _____

Does the Child take any medication that Gordons Gymnastics should be aware of? _____

If yes, please specify: _____

Additional information: _____

Medical aid: _____ Membership number: _____

SECTION B – GENERAL INFORMATION

DETAILS OF THE CLIENT

Full names: _____

Identity number: _____

Telephone number: _____ Work number: _____

Cellphone number: _____ Email address: _____

Physical address (*domicilium citandi et executandi*):

_____ Code: _____



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Postal Address:

_____ Code: _____

Emergency contact: _____ Tel: _____

Relationship to the Client: _____

CLIENT'S MEDICAL INFORMATION

Do you suffer from any known allergies, illnesses or medical condition? _____

If yes, please specify: _____

Do you take any medication that Gordons Gymnastics should be aware of? _____

If yes, please specify: _____

Additional information: _____

Medical aid: _____ Membership number: _____

SECTION C – CLASSES

CLASSES WHICH THE CHILD WILL ATTEND

Class: _____ Level: _____

Days: _____

Times: _____

SECTION D – FEES

Duration of this Agreement: _____

Affiliation fee (WCGA): R _____

Deposit: R _____

If you are joining for more than 2 Terms the amount per Term is R _____

If you are joining for less than 2 Terms the amount per class will be R _____

Total amount payable upon signature hereof:

Affiliation fee (WCGA): R _____

Deposit: R _____

Fee: R _____

Daily Fee: R _____

Total: R _____

THUS DONE and SIGNED at _____ on the _____ day of _____ 20__

SIGNATURE OF CLIENT/PARENT/LEGAL GUARDIAN