



KARATE 2018



COMPLETE THE FOLLOWING IN CAPITAL LETTER:

NAME: _____

SURNAME: _____

BIRTH DATE: _____

SCHOOL: _____

ANY MEDICAL CONCERNS THAT WE SHOULD KNOW OF: _____

DETAILS OF PARENTS OR GARDIUNS

1ST PERSON

NAME: _____

SURNAME: _____

ID NUMBER: _____

STREET ADRES: _____

POST ADRES: _____

EMAIL ADRES: _____

CONTACT NUMBER: _____

PERSON 2

NAME: _____

SURNAME: _____

ID NUMBER: _____

STREET ADRES: _____

POST ADRES: _____

EMAIL ADRES: _____

CONTACT NUMBER: _____

Contact details:
@Bolanddragons Cell: 079 394 2697
Email: jp@bolanddragonskarate.com

Go and like our Facebook page:
There is a whatsapp group for the dojos please
ask for the link to be added.

EMERGENCY CONTACT NUMBER: _____

NAME OF PERSON: _____

PERSON RESPONSIBLE FOR PAYMENT: _____

BANK DETAILS Name:

Boland Dragons

Bank: Capitec

Branch: 470010

Num: 1366863095

For all payment put a reference of child's name and month please.

RELEASE FORM

I, the undersigned, _____ parent / guardian of
_____ (learner) confirm that by signing this form I will not hold the
karate school " Boland Dragons ", Hugo Rust Primary School or Sensei who teaches in any way
responsible for any injuries or loss of any personal property. I AGREE TO PAY THE MONTHLY FEES.

NAME: DATE SIGNED:

CLASS FEES: R230.00 PER MONTH

If classes are suspended please give a month written notice. For each family member added, a
discount will be given: 25 % on the 2nd person and 50 % in the 3rd person. AFFILIATION FEES ARE
PAYABLE ONLY ONCE A YEAR OF R280. (PAYABLE WITHIN THE FIRST 3 MONTHS) FROM START OF
CLASSE

IF THERE ARE ANY QUESTIONS PLEASE CONTACT ME

KIND REGARDS

SENSEI JP VAN HEERDEN

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