



KARATE 2020



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: _____

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 " or Sensei who teaches in any way responsible for any injuries or
loss of any personal property. **I AGREE TO PAY THE MONTHLY FEES IRRESPECTIVE OF CLASS
ATTENDANCE OF THE STUDENT.**

NAME:

DATE SIGNED:

CLASS FEES: R265.00 PER MONTH

**AFFILIATION FEES ARE PAYABLE ONLY ONCE A YEAR OF R280. (PAYABLE WITHIN THE FIRST 3
MONTHS) FROM START OF CLASSE**

If classes are suspended please give a month written notice. If there are no written cancellation,
class fees will still be applicable. Please note if you cancel at the end of the month you are still
eligible for the months fee.

Discounts:

For each family member added, a discount will be given: 25 % on the 2nd person and 50 % in the 3rd
person.

IF THERE ARE ANY QUESTIONS PLEASE CONTACT ME

KIND REGARDS

SENSEI JP VAN HEERDEN

Dojo Head

(3rd Dan, 2nd Dan Kobudo)

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.