



Tel 012 5421551 / 082 4400744

Member Details

Full Names	
Initials	
Nick Name	
Surname	
Email	
Cell Phone	
Home Number	
Work Number	
Date Of Birth	
Age	
RSA Idnumber	
Weight	
Gender	
Language	
Ethnic Group	
School Name Or Work Name or Occupation	
Address	
Suburb	
Postal Code	
Previous Fighting Experience or fighting style	

THIS IS LEGAL BINDING CONTRACT FROM THE DAY THAT YOU SIGN UNTIL END OF NOV 2022. EVEN IF YOU ARE NOT ATTENDING CLASSES AND YOU DID NOT TERMINATE THE CLASSES IT IS STILL PAYABLE. CONTRACT CAN ONLY BE TERMINATED WITH ONE MONTH NOTICE. FIGHTSKILLS ALSO HAVE THE RIGHT TO TERMINATE CLASSES

Number/s for the FightSkills whatsapp group:

Enrolment Form

Boxing : Mondays and Wednesdays 18:00 - 19:00

Kickboxing : Tuesdays and Thursdays 18:00 - 19:00

Fees : 2 x per week R180pm / 4 x per week R360pm

Provide us with : 2 x Id Photo's and Copy of birth certificate or Id

Relative 1 : Mother/ Spouse/ Gaurdian /Aunt /Grandmother etc

Relation	
Name	
Surname	
Office Number	
Cell Phone	
Home Number	
Email	

Relative 2 : Father/ Spouse/ Gaurdian /Uncle /Grandfather etc

Relation	
Name	
Surname	
Office Number	
Cell Phone	
Home Number	
Email	

Passport Number	
Passport Expiry Date	
Passport Date Issued	
Medica Aid Name	
Medical Aid Number	
Medical Aid Phone	

Please note: We conduct drug tests randomly. You must be prepared to take a drug test voluntarily.

Any medical conditions/operations or medicine / drugs that you are using

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Provide us with : 2 x Id Photo's and Copy of birth certificate or Id

Declaration / Indemnity

I, Full Names

and Surname

hereby declare that I am fit and in excellent health condition to participate in this kickboxing / boxing activities or event and that I am not on any medication or any form of drug. I also exempt the activity or event organizers, trainers, helpers, and officials of all cases of personal injury that may occur at the activity or event and that the first aid / medical officials may attend to me when injured. Should I have to receive treatment at a hospital or any medical institution due to any injury I will be responsible to pay my own expenses.

I hereby indemnify South African Kickboxing Organisation and Gauteng Boxing Organisation and affiliated clubs and regions or any person employed or assisting South African Kickboxing Organisation and Gauteng Boxing Organisation and affiliated clubs and regions against any liability for any damage (s) and or any injury (s) of any kind, to my person and I or property during any of the activities offered by South African Kickboxing Organisation and Gauteng Boxing Organisation and affiliated clubs and regions, which I choose to participate in. In a case of a minor (any person under the age of 21 years of age) I confirm that my parent (s) and or legal guardian who has been notified either personally, telephonically, or electronically of my intended participation in the South African Kickboxing Organisation or Gauteng Boxing Organisation and affiliated clubs and regions activities and has either personally, telephonically, or electronically given his / her / their permission to do so. I understand this indemnity form clearly and was duly influenced to sign it. I sign this form freely and voluntarily and understand that should I get any form of injury that it will not be due to the negligence of the event organizers and or management and or any other person involved.

I understand that Kickboxing / Boxing is a contact sport and voluntarily agree to participate. I confirm that I understand the rules of kickboxing / boxing and I am fully aware of the dangers there of.

I confirm that all previous injuries I might have had, has been checked out by a medical doctor and this doctor declared me fit for participation in this kickboxing / boxing activities and or event and should I have an injury or medical condition which might be aggravated by the nature of kickboxing / boxing I will not participate.

If I make use of transport with any of the above mentioned organisations, clubs, affiliations, or members I do so at my own risk. I understand that I cannot hold the driver of the vehicle or the organisations or clubs responsible for damages or injuries sustained in case of an accident.

Kickboxer / Boxer's signature

Coach's signature

Parent's signature if under 21

Witness

Witness

We close one week during school holidays and December. Banking details : Capitec Account Holder: E Vreugdenburg; Savings account ; Account Number 1317793445; Branch 470010 Wonderpark. Reference your Name and Surname