

ONE10SPORT

ACADEMY • COLLEGE • AGENCY

Registration Form 2018

To book, kindly complete and sign the indemnity form below. The form can be submitted electronically to academy@one10sport.co.za or handed in on the first day of the clinic. Please make payment to ONE10SPORT via EFT using the banking details provided at the bottom of the final page. Please provide the player's/s' full-names as a reference.

Player's Details		Parent/Guardian Details	
Name:		Name:	
Surname:		Surname:	
Grade:		Contact No.	
Age:		Email:	

Terms and Conditions

- Bookings are only confirmed on receipt of the completed and signed registration form, accompanied by full payment within 3 working days of receiving the invoice. Failure to provide proof of payment within the 3 working-day period will result in cancellation of the booking.
- Intimation of cancellation on the participant's/guardian's part must be given in writing and must be received by ONE10SPORT at least 10 calendar days prior to the commencement of the clinic. In this event a full refund will be given. No refund will be given if cancellation is submitted within the 10-day period leading up to the start date of the event.
- Photographs and video footage may be taken during the event for promotional purposes. By attending this coaching clinic, the participant's/s' guardian/s hereby agree for ONE10SPORT to use those images for the purposes specified.
- In the unlikely event that ONE10SPORT is unable to acquire enough sign-ups, the organisation reserves the right to cancel the clinic and refund your money.

Indemnity Form

- I, _____ [Full name and surname], the parent/guardian of _____ Grade : _____ [Full name, surname and Grade of learner] hereby give permission for him/her to participate in the sporting activities of the ONE10SPORT Academy ("the Academy").
- I hereby indemnify and hold the Academy, its agents, representatives and educators harmless against any claim or demand arising from the death of or injury to my child or any loss of or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my child's participation in any such sporting or extra-curricular activities.
- I agree that, if in the opinion of the Owner of the Academy or his delegated deputy an emergency has arisen, and medical treatment be deemed necessary for my child, the Owner of the Academy or his delegated deputy shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf.
- I accept that all precautions will be taken to ensure the safety and welfare of my child and that I will be held responsible for the payment of medical and/or hospital accounts where applicable.
- As far as I am aware my child is physically capable of participating in the said sporting or extracurricular activities and he/she is in good health. However, the persons responsible should please note the following: [Please state aspects that the coaching staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.]

- Under no circumstances may parents bring alcohol onto the premises for consumption while waiting for their children. Due to the fact that we carry liability with regards to the no alcohol policy rule on the school premises alcohol is strictly forbidden. You will be requested to leave, and the child will be forbidden to partake in any further sessions. No refunds will be administered.

Please do support your child and encourage them as much as possible for us all to have a positive outcome and achieve our program goal.

Banking Details:

First National Bank	ONE10SPORT (Pty) Ltd	Cheque Account	Acc No. 62553556633	Reference: Player's Surname
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Signature of parent/guardian:

Date:

We look forward to welcoming your child to our encouraging, fun and educational sporting environment, and assisting them in their development as an aspiring football player.