

REGISTRATION FORM

Please use block capitals, ball point pen and print clearly. All blocks must be completed.

SuperSport United Soccer Schools Balfour:
Roof Top Balfour Mall
balfour@ssuss.co.za
Bryan 082 416 1769
Marihanda 074 338 9832

Date Joined (DD/MM/YYYY):

Child's Surname:.....

Child's Forename:.....

Child's Date of Birth (DD/MM/YYYY):.....

Child's School:

Parent Surname:

Parent Forename:.....

Physical Address:.....

Postal Address:

Tel Nr: Mobile Nr:

Email Address:

Child's Doctor: Tel Nr:

Next of Kin: Tel Nr:

2nd Next of Kin:..... Tel Nr:

Please Tick Training Days:

MON TUES WED THURS FRI SUN

Registration Fee Received:.....

Kit Issued: Size:

Please Tick Your Payment Term: Monthly Cash/D/O Quarterly

Annually (11 months - 12th month free)

Data Protection:

Please tick this box if you do not wish to receive mailings from selected companies.

MEMBERSHIP IS NOT TRANSFERABLE BETWEEN CHILDREN AND IS NONREFUNDABLE

Signed & Dated by Parent / Guardian

Signed & Dated on behalf of
SuperSport United Soccer Schools

TERMS AND CONDITIONS

When signing up with any SuperSport United Soccer School in South Africa, it is important that you read our terms and conditions. We try to keep them simple, and if anything is unclear or you have any questions please let us know.

Please bear in mind that when you enrol on a SuperSport United Soccer School course or as a student of SuperSport United Soccer School you are committing to enrol on a block of sessions (as we are committed to providing them), or on a monthly basis, we cannot offer a pay as you play service.

Liability:

1. The participant, by enrolling with SuperSport United Soccer School, does so at his/her own risk. SuperSport United Soccer School, its owners, employees and coaches shall not be liable for any damage whatsoever arising from personal injury or loss of property.



Enrolment & Cancellations:

1. SuperSport United Soccer School cannot offer a pay per session service. By enrolling in a course or on monthly sessions you are enrolling for the entire month or block of sessions. SuperSport United Soccer School promises to deliver the stated number of sessions.
2. If any sessions are subsequently cancelled (e.g. due to venue problems, bad weather etc.) a make up session will be provided.
3. If notice of missing a session was given to the office prior to the start of a session a make up session will be provided.
4. If a student wishes to join a block of sessions/monthly sessions, once they have already started they should contact the SuperSport United Soccer School office and, if there is space on the desired course, fees will be pro-rated for the remainder of term.
5. Training may be cancelled during Lightning Storms and during other inclement weather conditions. As mentioned in point 2 above, if this is the case a make up session will be provided, no refunds will be given.
6. No refund will be provided for students withdrawing from a course after it commences.
7. Payment should be made in full for the block of sessions or monthly sessions on or before the first session.
8. One month notice for cancellation.

Conduct:

1. Full SuperSport United Soccer School kit (shirt, shorts, socks) must be worn at all times. Failure to bring full kit may result in exclusion from the session. While this rule may seem harsh, we find that children perform better if they are part of a smart, serious programme.
2. Shin guards are compulsory for all sessions.
3. Sessions will start and finish on time and so please make sure your child arrives promptly and arrange for their pick up immediately after the completion of each session. Note, SuperSport United Soccer School coaches cannot be responsible for minding children before or after the session is over. If you are unable to pick up your child at the end of a session you should inform the SuperSport United Soccer School office immediately.
4. SuperSport United Soccer School reserve the right to expel students from a session, a block of sessions or the entire course for behaviour considered unacceptable to the coaches and / or to the fellow students.

Signature: _____

I have read and understand the Terms & Conditions

AUTHORISATION FOR MEDICAL TREATMENT OF MINORS

Please use block capitals, ball point pen and print clearly. All blocks must be completed.



This form grants authority to a designated adult to provide and arrange for medical care for minor in the event of an emergency, where the minor is not accompanied by either parents or Legal Guardians, and it may not be feasible or practical to contact them. This document shall be present to a Physician, Dentist, Nurse, Surgeon or appropriate hospital representative at such time as unanticipated Medical, Dental, Surgical Care or Hospitalization may be required.

Name of Minor:

Date of Birth: Gender:

Allergies to medication:

Allergies (Other):

Please write all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Medical Aid Scheme: Medical Aid Membership Nr:

AUTHORISATION AND CONSENT OF PARENT(S) LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the mentioned minor. I grant my authorisation and consent to the SuperSport United Soccer Schools staff or any other person qualified to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorise the designated staff to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-Rays, Anaesthetic, blood transfusion medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed Physician, Surgeon, Dentist, Hospital, or their medical Professional or Institution duly licensed to practise in the Province/Country/Region in which such treatment is to occur. I agree that I will assume financial responsibility for all expenses of such care.

It is understood that this authorisation is given in advance of any such medical treatment, but is given to provide authority and power on the part of the designated staff member of the SuperSport United Soccer Schools in the exercise of his or her best judgement upon advice of any such medical or emergency personnel.

Signature of Parent: _____ Printed Name: _____ Date: _____

Signature of Guardian: _____ Printed Name: _____ Date: _____

WAIVER AND INDEMNITY

I, _____ ("the Mother/Father/ guardian"), on my own behalf, and on behalf of my minor child, as guardian,

_____ ("the child"), as well as on behalf of our executors, hereby irrevocably indemnify, SuperSport, SuperSport United, SuperSport United Academy, SuperSport United Soccer Schools, their subsidiaries, their respective management boards, patrons, administrators and employees, and hold them harmless against all liability, loss, damages to person or property, costs or expenses (including legal costs), from whatsoever cause arising in connection with the participation of my child in the SuperSport United Soccer Schools. I acknowledge that this indemnity shall include any claim which arises out of the negligence, whether by omission or commission, of any of the above mentioned parties. I further acknowledge that the child participates entirely at my and his own risk and that no representations in this regard have been made by either the sponsors nor anyone on their behalf.

Notwithstanding the provision of this indemnity, it shall not be construed as a waiver of my rights or of the child's rights to proceed against any other party against whom I or the child may have a right of action.

Dated at: _____ On this: _____ Day of: _____ 20 _____

AS WITNESSES:

1. _____

2. _____

Signature: Parent/Guardian

