



Griffin Academy Registration Form 2021

Cnr of Akasia and 4th Street, Loerie Park

063 738 2427

info@griffins.co.za

Registration Process

1. Book and complete 2-day assessment period
2. Meeting with Head Teacher
3. Complete registration and debit order form
4. Pay registration fee of R2 500
5. Hand in copy of birth certificate and previous school report
6. Order textbooks and school uniform

School option

Standard Package

Premium Package

1. Personal Details of parent/guardian:

Surname:

Full Names:

Cell No:

Email:

Residential Address:

Occupation:

2. Personal Details of members:

Child 1

Child 2

Surname:

Surname:

First Names:

First Names:

DOB:

DOB:

Grade:

Grade:

3. Medical Information:

Physical disabilities or illnesses the Centre should be aware of. Kindly elaborate:

4. Person Responsible for the Account:

Surname:

Full Names:

Cell No:

Email:

TAKE NOTE:

- Person responsible for the account must sign the debit order form to complete registration process
- 3-month notice period for termination of membership
- 12-month payment schedule (Jan-Dec)

Signature of Person Responsible for Account

5. Permission and Indemnity:



Griffin Academy Registration Form 2020

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Members at Griffins Sport Academy (hereinafter referred to as the "Centre") make use of educational, play and training equipment and of transportation provided and although all members are constantly supervised and cared for at the best of our ability, circumstances might arise that is beyond our control and it would be appreciated if you could complete the indemnity form below:

I, _____ (Full Name),

ID Number _____ the Parent/Guardian of the following child/children (state full names)

1. _____

2. _____

hereby agree to the terms and conditions below and undertake to abide by them while myself/child is in the Centre:

- a) That I undertake to register my child with the WCED if I make use of the homeschool assist sessions.
- b) That I have read and understood the policies and rules of the Centre.
- c) That despite the fact that the Centre will take care of myself/ child to the best of its ability and with attention, I accept that neither the Centre, its owner(s) or employees, will accept any liability for any claims arising from any accident, injury or illness or any other cause involving the above members/child whilst in the care of the Centre and hereby waive and abandon any and all claims I may have against the Centre, or which may at any time arise or be instituted.
- d) I hereby authorize the Centre to take all reasonable steps, which at its discretion it may deem necessary to have the above child or myself admitted to a hospital, treated by a medical doctor or other medical attendant, provided that this will be executed on the advice and under the supervision of a medical doctor. I further agree to and accept responsibility for any medical costs and for the payment of any medical and/or hospital accounts arising from any treatment.
- e) I hereby further give permission for the transportation of myself/the above child in any vehicle of the Centre or that of the owner(s) or employees, for the above mentioned purposes, and specifically indemnifies the Centre, the owner(s) and staff against any claim which may arise or be instituted should any accident occur.

Griffins Academy undertakes that all reasonable precautions will be taken to ensure the safety and welfare of any member.

Signed at _____ on this _____ day of _____ 20____.

Signature of Parent/Guardian/Member

Witness