



PARENT'S INFORMATION FORM

FATHER'S NAME:	CELL NO:
	OFFICE NO:
	HOME NO:
FATHER'S HOME ADDRESS:	
FATHER'S EMAIL:	
MOTHER'S NAME:	CELL NO:
	OFFICE NO:
	HOME NO:
MOTHER'S HOME ADDRESS:	
MOTHER'S EMAIL:	

CANCELLATION AND REFUND POLICY:

Cancellation Policy: There will be 20% assessment of the Full Fee as Non-Refundable charge if Members pull-out after payment is received. This is only applicable to half-Annual and Annual payments.

Refund Policy: While full payment is expected before membership commences, the specifics behind our refund policies are as follows:

- A) If your child cancels membership after registering before the attending any activity session, you will qualify for 80% refund. A 20% assessment of the full fee is non-refundable.
- B) If your child cancels membership due to a doctor verified injury, after attending at least one activity session, you will qualify for a pro-rated credit which can be applied to any future payments.
- C) If your child simply stops attending the activities for no medical reason; there is no refund or credit available.

DISCLAIMER AND PARENTAL AUTHORIZATION:

DISCLAIMER:

Kaela Boys Club ("the Club") is not responsible for any injury (or loss of property) or death to any person suffered while participating or in any way involved in Kaela Boys Club's activities, including negligence on the part of the Club, its trustees and officers.

PARENT/ GUARDIAN AUTHORIZATION:

I verify that my child has been checked by a licensed physician prior to attending the Club's activities and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and/or physician while attending the Club's activities, and assume all risks resulting from the participation in all the activities of the Club. I agree to hold harmless Kaela Boys Club, it's trustees, and officers of any and all liabilities, actions, courses of action, claims and demands of every kind and nature whatsoever, which may arise in connection with or resulting from my child participating in any of the Club's activities.

If there are any medical, psychological or pharmacological conditions that would preclude this person from fully participating in all activities at the Club, please specify inhibiting condition(s):



Kaela Boys Club has my permission to use any photo and / or video taken of me while at the Club's activities for use in future advertising and/or promotion

*Participant Signature/Date : _____/

*Parent/legal Guardian Signature/Date: _____/

*Parent/legal Guardian Name: _____

*Medical Insurance Co. and Policy #:

* _____ We do not carry medical insurance

MEDICAL RELEASE FORM

Full Names: _____ Age: _____ Date of Birth: _____

Address:

Parent/Guardian Name(s): _____

Phone #s Home: _____ Work: _____ Cell: _____

Email Address (es): _____

School Attending: _____ Grade: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Member's Doctor: _____ Phone: _____

Medical Insurance Carrier: _____ Plan/Policy#: _____

Known Allergies/Health Concerns: _____

(Include medicine, food, diabetic, asthma, seizure disorder, bee stings, etc.)



Current Medications:

(Or any related information that would assist in safe treatment)

I hereby permit my child to participate in all Kaela Boys Club activities. I understand and fully accept that there are risks involved in all youth activities, and that accidents along with injuries are common and are ordinary occurrences when working or playing with the youth. **Release.** I hereby release and hold harmless Kaela Boys Club, its employees, trustees, agents, staff volunteers and owners (“Released Parties”) from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from any reason, including the negligence or other acts of any of the Released Parties in connection with my child’s participation.

I further agree to indemnify and hold forever harmless the Released Parties against all losses, including all medical expenses, counsel fees and court costs, from any and all claims made against it by any party as a result of my child’s actions, negligent or intentional, which may result in injury or loss to another participant, spectator or other person.

In case of medical emergency, I grant permission to any licensed physician or emergency personnel, as well as to the employees and staff volunteers of Kaela Boys Club, to perform or provide medical care or aid as they deem necessary in order to treat my child for any injury he may sustain, including emergency transportation and ordering x-rays. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I also understand that all related medical costs are my responsibility.

Miscellaneous: I have read and fully understand and agree with all answers related to, but not limited to, the frequently asked questions (FAQ) listed on the Kaela Boys Club website (<http://www.kaela.co.za>).

Parent/Guardian/ Name: _____

Parents /Guardian/Signature: _____

Date: _____