



 **355 Stand  
Matshelapata  
Ga Maja  
0719**

Membership Number: \_\_\_\_\_

Membership Start Date \_\_\_\_\_

**SIX (6) MONTHS CONTRACT:**

MEMBER DETAILS	PARENT /GUARDIAN/PERSON RESPONSIBLE FOR ACCOUNT
Full Names:	Full Names
Identity Number/Date of Birth	Identity Number:
Residential Address:	Residential Address:
Home Phone Number:	Home Phone Number:
Cell phone Number:	Cell phone Number:
Email Address:	Email Address:
Name of School:	

**MEMBERSHIP FEES:**

I \_\_\_\_\_ the undersigned promise and agree to pay FULL AMOUNT OF THE SIX MONTHS CONTRACT ONCE OFF.

NO REFUND FOR THE MISSED TRAINING SESSIONS. Signature of Parent/Guardian \_\_\_\_\_

Registration Fee applies to all contracts. PLEASE INQUIRE WITH COACH REGARDING THE REGISTRATION FEE.

**@ agmehale@gmail.com**

**☎ 074 642 8155**



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I acknowledge that the above monthly fee does not include the following:

- Training Equipment
- Travelling Expenses
- Uniforms
- Entry Fees to Competitions

**Transfers and Cancellations:** I acknowledge that my membership is not transferable and that this membership is automatically renewed on a month to month basis at the end of the initial term of this agreement and at the end of each subsequent renewal term.

The undersigned may cancel this membership agreement at any time after the expiry of a sixty (60) days' notice of cancellation.

**Commencement Date:** The agreement shall commence from date of signature hereof and shall subsists until cancelled as indicated above.

**Liability and Waiver:** I understand that it is my responsibility to have my health or that of my minor child/children evaluated by a medical doctor before participating in any exercise program and I understand and agree that **MEGA AC** is entitled to assume that my health or that of my minor child/children has been evaluated and approved for my participation or that of my child/children in the exercise/fitness activities as instructed.

With full knowledge of the risks or injury or otherwise involved in participating in the exercise/fitness programs, I release and indemnify **MEGA AC**, its members, employees and its agents from any responsibility for damages, losses or injuries I or my minor child/children may suffer while participating in any exercise/fitness programs.

I also agree to pay all attorneys' fees and costs, indemnify and hold harmless **MEGA AC**, its members, employees and agents from any liability, claims and/or demand for damages, injuries, death, losses, cost or expenses of any kind resulting from or which are claimed to have resulted to myself/my minor child/children as a result of my participation/or that of my minor child/children into exercise/fitness program.

**Legal Fees:** I undertake to pay all the legal costs as between attorney and own client from the date of instruction of the attorney should action be instituted against me for payments as well as interest thereon.

**NO CHANGES OF THIS CONTRACT SHALL BE VALID UNLESS SIGNED FOR BY BOTH PARTIES**

SIGNED AT \_\_\_\_\_ ON THE \_\_\_\_ OF \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Member/On Behalf Of Member

SIGNED AT POLOKWANE ON THE \_\_\_\_\_ OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
On Behalf of MEGA AC

@ [agmehale@gmail.com](mailto:agmehale@gmail.com)

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