



**Gerhard Soutter**

gerhardsoutter@gmail.com | 083 453 4472

I believe in the unique potential of people and that every student can realise their full potential through the combination of hard work, imagination and self-confidence. It is my wish for students to exceed their expectations.

### GS Hockey Academy:

- Each practice session is facilitated by a qualified hockey instructor.
- Sessions are limited to 90 minutes.
- Training will occur on weekday afternoons, Saturday mornings and Sunday afternoons.
- Players are assigned to sessions - based on bookings made.

### Pricing:

Hockey sessions can be used as needed by the player.



1 x session = R 200 per session



5 x sessions = R 170 per session (R850.00 in total)



10 x sessions = R 130 per session (R1300.00 in total)

I, (Mr / Mrs) \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
aged \_\_\_\_\_ hereby declare that he/she may enrol in the hockey programme.

Name:

\_\_\_\_\_

\_\_\_\_\_

Gender:

\_\_\_\_\_

\_\_\_\_\_

Sport:

\_\_\_\_\_

\_\_\_\_\_

Hobbies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Passions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birthday:

\_\_\_\_\_

\_\_\_\_\_

Grade:

\_\_\_\_\_

\_\_\_\_\_

School:

\_\_\_\_\_

\_\_\_\_\_

Emergency contact #1:

\_\_\_\_\_

\_\_\_\_\_

Emergency contact #2:

\_\_\_\_\_

\_\_\_\_\_

Any pre-existing medical  
conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate (x) service and  
number of sessions required:

☐ 1 x session

☐ 5 x sessions

☐ 10 x sessions

Date:

\_\_\_\_\_

Cell:

\_\_\_\_\_

Email:

\_\_\_\_\_

Signature:

\_\_\_\_\_