

The Wanderers Club
Discovery Soccer Park
21 North Road
Illovo

Office Line : 011 447 1198 Direct Line : 010 140 9359 www.warriorsfc.co.za

https://www.facebook.com/WanderersWarriors

CLUB REGISTRATION FORM

Please print information clearly to ensure all communication emails and sms's are received

Child	AGE GROUP: U
Name and Surname :	
Date of Birth:	
Physical / Postal address:	
Allergies:	
How did you hear about Wanderers Warrior	s FC:
Sibling(s) at Wanderers Warriors FC?	
Name of previous Soccer Club if applicable:_	
Clearance Letter from previous Soccer Club	YES / NO
Mother	Father
Name:	Name:
Surname:	Surname:
Home:	Home:
Mobile:	Mobile:
Email	Emaile

Person Responsible for Account		
Full name:	Email:	
ID No:	Phone:	
Address:		
Date:	Signature:	
Payment Option for Soccer School (please circle preference):		
Monthly	/ Per Term	
- All payments to be made by debit order		
- EFT or credit card payment at the facility on	ly by special arrangement	
Due to the fact that we keep classes small and	d reserve places:	
- Fees are payable regardless of whether class	ses are attended or not	
- If classes are cancelled due to weather, publ	ic holiday or a child misses due to ill health,	
please call the office and we will arrange for	the child to attend a make-up lesson on another day	
in an appropriate age group		
- Make up classes can only be made up in the	month during which a class was missed	
- Termination of membership is subject to 1 month's notice and payment thereof		
- Monthly fees will only be reduced/ apportioned if a child joins in the last week of a month		
- Any outstanding accounts need to be resolved urgently before a place in a class will be reserved		
I am the legal guardian of		
Club, Newshelf 883 (Pty) Ltd and any of the	own behalf and behalf of the minor, the Wanderers ir respective members, shareholders, employees, lemnified persons) against any injury or loss that the	
•	ding, the Wanderers Club (including the area of the	
	ccer Park) or while playing at (or attending) any other	
omission, negligent or otherwise, of an inde	ing, whether that injury or loss is caused by any act or emnified person.	
Signed by		
Signature		
Place Date		