



Ad Hoc training – Booking Sheet

Club: _____

Contact person/Coach: _____

Gymnasts level : _____ **Ave. Age:** _____

CONTACT NO'S : (Phone) _____ (Cell) _____

DATE REQUESTED > Complete box below

Day	Date/s	No of gymnasts – max no = 7 per coach
Friday	2.30 – 5.30pm	
Saturday	10.15am – 12.30pm	
Special request – holidays etc.		

INDEMNITY

Although the organisers will take every reasonable possible precaution to prevent accidents or injuries, parents/guardians/custodians/coaches are hereby informed that any activity that involves either one or a combination of motion , height and the use of gymnastics equipment (eg. Trampolines and safety pits) create the possibility for injury, paralysis and/or death.

I, the undersigned in my capacity as club owner/manager/coach and duly authorised by the child’s parents/guardians acknowledge the contents of the indemnity , understand the risks involved and agree to hold harmless Pinetown Gymnastics Club against any damages except where Pinetown Gymnastics Club it’s management/trustees or staff have acted in a grossly negligent and/or reckless manner.

DATE : **SIGN** :

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BANKING DETAILS :

Bank : FNB

Account Name : Pinetown Gymnastics Club

Branch Code : 221626

Account Number : 513 8151 6886

Cost : **R35** - per gymnast – may be paid by EFT or cash on the day

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