



Stanford Lake College

HIGH PERFORMANCE CENTRE MEMBERSHIPS

A full membership allows a member access to all facilities within the High Performance Centre. Namely the gym, swimming pool, squash courts, as well as the tennis courts. Stanford Lake College pupils are automatic members.

Membership fee structures are as follows:

| Membership Options | Cost |
|-------------------------------|--------------|
| Joining Fee | R100 |
| Day to Day Membership | R50 / Day |
| Gym only Membership | R250 / Month |
| Swimming Pool only Membership | R250 / Month |
| Squash Courts only Membership | R250 / Month |
| Tennis Courts only Membership | R250 / Month |
| Full Membership | R350 / Month |

Payment is to be made in the following. Cash at the HPC office, Electronic Fund Transfer, or by authorising a Debit Order. Fees are charged over a period of 11 months. Details for EFT and Debit order are on page 3 of this document. Cash payments will be required by the 1st of each month.

OPENING HOURS

Monday to Thursdays 17H00 – 19H00 PM
Fridays 13H00 – 15:00 PM.

NB: We are closed on Friday evenings, weekends and during schools holidays.

You are more than welcome to come and use the HPC during school hours from 07H30 - 17H00 every weekday and members may have to share facilities with pupils.

RULES

- Right of admission is reserved.
- A towel must be used when using the gym and pool.
- A swimming cap must be wore in the pool.
- Correct squash shoes (non-marking soles) must be worn on the squash courts.
- The facility may not be used outside of opening hours.
- No food is allowed into the facility, water bottles only.
- No alcohol is allowed into the facility.
- No illegal substances, including anabolic steroids, are allowed into the facility.





Stanford Lake College

HPC MEMBERSHIP FORM

Please complete the form below to sign up for the SLC High Performance Centre Membership

First Name :

Surname :

I.D Number :

Gender :

Date of Birth : Day: Month: Year:

Cellular Number:

Email Address :

Please fill in email and cellphone number correctly as this is how we will be communicating with you.

Medical Aid Name :

Medical Aid Number :

Emergency Contact Person:

Emergency Contact Number:

| Membership Options | Cost | Please Tick |
|-------------------------------|--------------|-------------|
| Joining Fee | R100 | |
| Day – Day Membership | R50 / Day | |
| Gym only Membership | R250 / Month | |
| Swimming Pool only Membership | R250 / Month | |
| Squash Courts only Membership | R250 / Month | |
| Tennis Courts only Membership | R250 / Month | |
| Full Membership | R350 / Month | |

| Payment Method | Please Tick |
|----------------------|-------------|
| Cash | |
| EFT | |
| Debit Order /Monthly | |

Sign : _____

Date : _____

Signature of Parent or Guardian (If under 18 years) : _____





Stanford Lake College

DEBIT ORDER AUTHORITY

| | |
|---------------------|--|
| ACCOUNT NAME | |
| BANK NAME | |
| BANK BRANCH | |
| BANK BRANCH CODE | |
| BANK ACCOUNT NUMBER | |
| TYPE OF ACCOUNT | |
| MONTHLY PAYMENT | R |
| COMMENCING DATE | |
| PAYMENT FREQUENCY | MONTHLY ON 1ST OF EACH MONTH AFTER COMMENCEMENT |

I/We hereby authorize and instruct Stanford Lake College to draw against my/our account with the above mentioned bank all amounts becoming due and payable by me/us as indicated above. I/we understand and accept that any charges related to non-payment due to insufficient funds or any other reason caused by me/us will be for my account. Furthermore, I/we accept that should any payment not be met in terms of this instruction, the whole amount owing by me shall become immediately due and payable.

Signed at: _____ ON _____ OF _____ 2020

By: _____

BANKING DETAILS FOR ELECTRONIC FUND TRANSFER:

Account Name: Stanford Lake College

Bank Name: First National Bank

Bank Account No.: 539 610 97905

Bank Branch Code: 260 349

Reference: SURNAME HPC





Stanford Lake College

INDEMINITY

1. RISKS

I am fully aware of the inherent risks involved in the activities offered by the Stanford Lake College High Performance Centre, namely swimming, squash, tennis, hockey, gym, dancing, aerobics of all kinds, and the possibility of injury from participating in the aforementioned activities.

2. RELEASE OF LIABILITY

I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have against the High Performance Centre, an employee, representative or other acting on their behalf and to indemnify, defend and hold harmless the High Performance Centre for any injuries suffered as a result of engaging in any activities offered by the High Performance Centre. It is also my intent to release the High Performance Centre, any employee, representative or other acting on their behalf from liability for ordinary or gross negligent conduct that may occur in the future and agree not to sue.

Should any part or parts of this agreement be held null and void, the gross balance of the gross agreement shall remain valid and maintain its full force and effect. This acknowledgment of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

3. MEDICAL EMERGENCIES

I fully understand that the staff of the High Performance Centre are not physicians or medical practitioners of any kind. With that in mind, I hereby release the High Performance Centre staff to render first aid to myself in the event of any injury or illness. I also release the High Performance Centre to call an ambulance if they are unable to contact myself, the guardian or my nominated next of kin, or if they deem it otherwise necessary due

4. MEDICAL CONDITIONS

I hereby agree to inform Stanford Lake College High Performance Centre of any medical conditions (mental or physical) or medications they should be aware of.

FULL NAME _____ SIGNED _____

DATE _____

Please send completed forms to : tpietersen@slc.co.za

