

# Gracepoint Holiday Club

26-30 June 2023 (8:00-1:00pm)

## Registration and Indemnity

### Details of child being registered:

Name & Surname: \_\_\_\_\_

Age: \_\_\_\_\_ Male / Female / Other: (Please circle)

Grade: 1 2 3 4 5 6 (Please circle)

Strictly **no children younger** than Grade 1 will be considered.

**T-shirt size** (please circle): 5/6; 7/8; 9/10; 11/12; 13/14; S; M; L

Allergies: \_\_\_\_\_

Chronic diseases/medication:  
\_\_\_\_\_

Cost **R400** per week (Including T-shirt and snacks) or **R100** per day including snacks (T-shirt at R100 optional).  
Closing date **23 June** - thereafter late registration at **R450**.

Financial Assistance required: YES/NO (Please circle)  
**(Any cash amount would be appreciative in the case of financial assistance).** R \_\_\_\_\_

Please circle the day/s that your child will be attending.

MON TUE WED THUR FRI or ENTIRE WEEK (Please circle)

Would you like to donate an extra R400 or any other amount to sponsor a child? YES/NO (Please circle) R \_\_\_\_\_

Are you able to help with lifts for any other children? YES/NO. (Please circle) If YES, please indicate where you live.  
\_\_\_\_\_

### Medical Aid Information:

Medical Aid: \_\_\_\_\_

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

Option / Scheme: \_\_\_\_\_

### Details of child being registered:

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

Option / Scheme: \_\_\_\_\_

### INDEMNITY

I, \_\_\_\_\_ (Identity Number: \_\_\_\_\_) parent/guardian of \_\_\_\_\_

hereby indemnify Gracepoint, its employees, its representatives and/or its agents from any claim resulting from any damage, injury or death howsoever caused while my child/ren is/are on the premises of Gracepoint.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent's Information

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Alternative contact number and person: \_\_\_\_\_  
\_\_\_\_\_

Please email this form back to [liana@gracepoint.co.za](mailto:liana@gracepoint.co.za) or drop the form on a Sunday at the Holiday Club table or with Liana.

If paying via EFT, please use your child's **Name and Surname and the words "HC23"** as your reference and email proof of payment to [liana@gracepoint.co.za](mailto:liana@gracepoint.co.za)

(THIS ACCOUNT IS DIFFERENT TO OUR USUAL ACCOUNT)

### Gracepoint Banking Details

Acc Name: Gracepoint Methodist Church

Standard Bank, Fourways,

Account #: 426 699 718, Branch Code: 009953