HELLENIC FC

BELGRAVE SQUARE
C/R JAN SHOBA AND BURNETT HATFIELD
PRETORIA

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REGISTRATION FORM

PLAYER'S FULL NAMES:	KIT SIZE:
HOME ADDRESS:	ID:
	BIRTH DATE:
FATHER'S/ LEGAL GUARDIAN FULL NAMES:	CELL NO:
FATHER'S/ LEGAL GUARDIAN HOME ADDRESS:	WORK NO:
FATHER'S/ LEGAL GUARDIAN EMAIL:	
MOTHER'S FULL NAMES:	CELL NO:
MOTHER'S HOME ADDRESS:	WORK NO:
MOTHER'S EMAIL:	

MEDICAL DETAILS

Emergency Contact: _____ Phone: _____ Relationship: _____

Member's Doctor: _____ Phone: _____

Medical Insurance Carrier: _____ Plan/Policy#:_____

Known Allergies/Health Concerns: _____

(Include medicine, food, diabetic, asthma, seizure disorder, bee stings, etc.)

Current Medications: _____

School Attending: _____ Grade: ____

2025 Fees structure

1. **Registration fees:**
   - **R1350-00** once off payment, payable at registration phase. (Includes training kit, FAP registration and club admin)
2. **February – November (10 months) training fees:**
   - **R700-00** per month payable before the 1st day of each month
3. **Total fees:**
   - **R 8350-00 per annum**

Please select payment method:

1. **R2050-00 payable at registration phase for registration fee + first month. Subsequently monthly installments of R 700-00 payable before the 1st day of each month.** ☐

2. **Two instalments:**
   - **R 4000-00** payable at the beginning of the season ☐
   - **R 4350-00** payable before 1st of July

3. **Full payment at registration phase (R 8350-00)** ☐

Optional extras:

- Extra training kit: **R600-00** ☐
- Tracksuit: **R850-00** ☐

General terms and conditions:

1. **Three month notice is required on leaving Hellenic FC.**
2. **Full outstanding fees must be settled before receiving a clearance letter.**
3. **Full fees are payable during school holidays and if a child has been absent.**

Payment options: Cash or EFT;

1. **Cash payments must be in an envelope with child's details and handed in to Martin Garnevski.**
2. **EFT - Banking details:**

Bank: NEDBANK

Account holder: HELLENIC FOOTBALL CLUB PTA

Account number: 1220586307

Account type: Current/Cheque account

Branch code: 198765

Reference: Child name and surname

INDEMNITY, CONSENT AND ACKNOWLEDGEMENT

I/We, (Full Names & Surnames)

_____

_____

Parents/Legal guardians of (Full Names & Surname of Player)

_____

give consent for my/our child to participate in all Hellenic Football Club activities during 2025.

1. I/we agree to exempt Hellenic FC, Coaches, Assistant Coaches, Representatives, Committee Members or Managers from liabilities reasonably incurred on account of any injury to or illness of the afore mentioned player.

2. I agree that I/we shall become liable to any and all medical expenses to any third party as a result of bodily injuries suffered by the afore said player. I/we understand that I/we will have no claim against Hellenic FC, Coaches, Assistant Coaches, Representatives, Committee Members or Managers for the recovery of such expenses. In case of medical emergency, I grant permission to any licensed physician or emergency personnel, as well as to the employees and staff volunteers of Hellenic Football Club, to perform or provide medical care or aid as they deem necessary in order to treat my child for any injury he may sustain, including emergency transportation. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I also understand that all related medical costs are my responsibility.

3. Hellenic FC, Coaches, Assistant Coaches, Representatives, Committee Members or Managers shall do everything in their power to ensure that loss or damage to clothing or any property of players is avoided but Hellenic FC, Coaches, Assistant Coaches, Representatives, Committee Members or Managers shall not be liable for loss or damage to clothing or any other property of players.

4. I/we acknowledge that by signing below I have read, understood, and agreed with the form of consent and indemnity.

5. There will be no refunds paid by Hellenic Football Club after payment has been made, unless it is arranged with Hellenic Football Club Management.

6. Hellenic Football Club has my permission to use any photo and / or video taken of my child while at the Club's activities for use in future advertising and/or promotion.

*Parent/legal Guardian Name: _____

*Parent/legal Guardian Signature/Date: _____/ _____

I/We, (Full Names & Surnames)

_____

_____

declare that the information above to be correct

Signature	
Date	