



MASTER OF SKILL
WELCOME PACK

WELCOME TO THE MASTER OF SKILL TENNIS PROGRAM

We encourage you to support your child/ren in order for them to adhere to the Master Of Skill philosophy that being: COMMITMENT, DISCIPLINE, CONTINUITY and PROGRESSION.

RULES AND REGULATIONS

Please note the following:

1. Your child is to attend his/her training on the days that you have committed with the organizers and not change them without notifying them. We at Master of Skill monitor the amount of children per sessions and the coaches prepare their sessions accordingly. Any changes of sessions must be advised 48 hours before the session so the appropriate changes can be made.
2. Invoices:
 - a. Fees are payable upfront for the month, or a once of fee for the full duration of the programme.
 - b. Invoices go out between the 25th and 29th of each month and they have to be paid by no later than the 1st of the following month.
 - c. Once invoices are sent out, you are then liable for the amount charged in the invoice.
 - d. If your fees are not paid when your child attends the first session of the following month, he/ she will be asked to sit out of the session/s until the fees are paid up to date and these sessions will not be made up.
3. Registrations would be for the full programme and will be billed monthly or payment could be made upfront for the entire programme.
4. Sessions:
 - a. Our school runs with a structured program. If your child misses his/her session without notifying the organizers/coaches then he/she has lost out on that training session. There will be NO catch up session if coaches are not notified and missing session's means your child falls behind. Arrangements must be made with the organizers for the catch up lesson and you will have two weeks to catch up the session.
 - b. Any sessions cancelled by the coach due to lightning, waterlogged fields etc. will be made up. Please note that the coach can only decide to cancel the session on the hour as the weather is very unpredictable and we can't control it.
5. Once a year, the coaches go on their annual "Coaches course" for the duration of a week. We will notify you of the week in question and all sessions for that week will be made up within a month.
6. We do not allow any photos or videos to be taken of any sessions or games.
7. On public holidays all sessions will be moved to the morning or rearranged at the earliest convenience.
8. Registration fee is payable in cash on the first day your child starts at the school. This fee is to register your child with the school.

CHILDREN - REMEMBER THE WORD "IMPOSSIBLE" MEANS I'M POSSIBLE.

If you have any queries contact Jordyn Pack
info@masterskill.com
(084) 518 9333

We hope that all of the above is clear and look forward to training your child/ren.

Kind Regards

Jordyn Pack (Head Coach)



PARENTS/LEGAL GUARDIANS TO SIGN THE ACKNOWLEDGEMENT BELOW

I, _____

(Father and Mother's name/Legal Guardian's name and ID Number), acknowledge, understand and confirm that I/we will adhere to the school's rules and regulations mentioned above and pay the invoices on time as I/we will be liable for them.

Childs Name

Father's signature/Legal Guardian's signature

Mother's signature/Legal Guardian's signature

Dated at: _____

On this: _____ Day of: _____ 20 _____

REGISTRATION FORM

Please use block capitals, ball point pen and print clearly. All blocks must be completed.

Date Joined: DD/MM/YYYY

Child's Surname: _____

Child's Forename: _____

Child's Date of Birth: DD/MM/YYYY

Child's School: _____

Parent Surname: _____

Parent Forename: _____

Physical Address: _____

Postal Address: _____

Tel: _____ Mobile _____

Email: _____

Child's Doctor: _____ Tel _____

Next of Kin: _____ Tel _____

2nd Next of Kin: _____ Tel _____

Please Tick Training Days:

SUN MON TUES WED THURS FRI

Registration Fee Received: _____

Please Tick Your Payment Term:

Monthly EFT/Cash Quarterly Annually (11 months - 12th month free)

DATA PROTECTION:

Please tick this box if you do not wish to receive mailings from selected companies.

MEMBERSHIP IS NOT TRANSFERABLE BETWEEN CHILDREN AND IS NONREFUNDABLE

Signed & Dated by Parent / Guardian

Signed & Dated on behalf of Master of Skill

TERMS AND CONDITIONS

When signing up with any Master of Skill in South Africa, it is important that you read our terms and conditions. We try to keep them simple, and if anything is unclear or you have any questions please let us know.

Please bear in mind that when you enrol on a Master of Skill course or as a student of Master of Skill you are committing to enrol on a block of sessions (as we are committed to providing them), or on a monthly basis, we cannot offer a pay as you play service.

LIABILITY:

1. The participant, by enrolling with Master of Skill, does so at his/her own risk. Master of Skill, its owners, employees and coaches shall not be liable for any damage whatsoever arising from personal injury or loss of property.



ENROLMENT & CANCELLATIONS:

1. Master of Skill cannot offer a pay per session service. By enrolling in a course or on monthly sessions you are enrolling for the entire month or block of sessions. Master of Skill promises to deliver the stated number of sessions.
2. If any sessions are subsequently cancelled (e.g. due to venue problems, bad weather etc.) a make up session will be provided.
3. If notice of missing a session was given to the office prior to the start of a session a make up session will be provided.
4. If a student wishes to join a block of sessions/ monthly sessions, once they have already started they should contact the Master of Skill office and, if there is space on the desired course, fees will be pro-rated for the remainder of term.
5. Training may be cancelled during Lightning Storms and during other inclement weather conditions. As mentioned in point 2 above, if this is the case a make up session will be provided, no refunds will be given.
6. No refund will be provided for students withdrawing from a course after it commences
7. Payment should be made in full for the block of sessions or monthly sessions on or before the first session.
8. One month notice for cancellation.

CONDUCT:

1. Shin guards are compulsory for all sessions.
2. Sessions will start and finish on time and so please make sure your child arrives promptly and arrange for their pick up immediately after the completion of each session. Note, Master of Skill coaches cannot be responsible for minding children before or after the session is over. If you are unable to pick up your child at the end of a session you should inform the Master of Skill office immediately.
3. Master of Skill reserve the right to expel students from a session, a block of sessions or the entire course for behaviour considered unacceptable to the coaches and /or to the fellow students.

SIGNATURE:

I have read and understand the Terms & Conditions

AUTHORISATION FOR MEDICAL TREATMENT OF MINORS

Please use block capitals, ball point pen and print clearly. All blocks must be completed.

This form grants authority to a designated adult to provide and arrange for medical care for minor in the event of an emergency, where the minor is not accompanied by either parents or Legal Guardians, and it may not be feasible or practical to contact them. This document shall be present to a Physician, Dentist, Nurse, Surgeon or appropriate hospital representative at such time as unexpected Medical, Dental, Surgical Care or Hospitalization may be required.

Name of minor: _____

Date of birth: DD/MM/YYYY Gender: _____

Allergies to medication: _____

Allergies (Other): _____

Please write all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Medical Aid Scheme: _____

Medical Aid Membership Nr: _____

AUTHORISATION AND CONSENT OF PARENT(S) LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the mentioned minor. I grant my authorisation and consent to the Master of Skill staff or any other person qualified to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorise the designated staff to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-Rays, Anaesthetic, blood transfusion medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed Physician, Surgeon, Dentist, Hospital, or their medical Professional or Institution duly licensed to practise in the Province/Country/Region in which such treatment is to occur. I agree that I will assume financial responsibility for all expenses of such care.

It is understood that this authorisation is given in advance of any such medical treatment, but is given to provide authority and power on the part of the designated staff member of the Master of Skill in the exercise of his or her best judgement upon advice of any such medical or emergency personnel.

Signature of Parent: _____

Printed Name: _____

Date: _____



WAIVER AND INDEMNITY

I, _____

("the Mother/Father/ guardian"), on my own behalf, and on behalf of my minor child, as guardian, ("the child"), as well as on behalf of our executors, hereby irrevocably indemnify, Master of Skill, their subsidiaries, their respective management boards, patrons, administrators and employees, and hold them harmless against all liability, loss, damages to person or property, costs or expenses (including legal costs), from whatsoever cause arising in connection with the participation of my child in the Master of Skill. I acknowledge that this indemnity shall include any claim which arises out of the negligence, whether by omission or commission, of any of the above mentioned parties. I further acknowledge that the child participates entirely at my and his own risk and that no representations in this regard have been made by either the sponsors nor anyone on their behalf.

Notwithstanding the provision of this indemnity, it shall not be construed as a waiver of my rights or of the child's rights to proceed against any other party against whom I or the child may have a right of action.

Dated at: _____

On this: _____ Day of: _____ 20 _____

AS WITNESSES:

1 _____

2 _____

Signature: Parent/Guardian

DO YOU WANT TO
BE THE MASTER?