



GREY KOLLEGE SEKONDÊR COLLEGE SECONDARY

A SOUTH AFRICAN PARALLEL MEDIUM SCHOOL FOR BOYS

'N SUID-AFRIKAANSE PARALLELMEDIUMSKOOL VIR SEUNS

Gym Kwydskeldings Vorm/Gym Waiver Form

Alle inligting is vertroulik/All information is confidential

Persoonlike Inligting/Personal Information

Voorname/Names: _____

Van/Surname: _____

Woonadres/Home address: _____

Voorname/Names: _____

ID-nommer/ID number: _____

Geboortedatum/Date of birth: _____

Telefoonnommer/Telephone number: _____

Huis/Home: _____

Sel/Cell: _____

E-pos/E-mail: _____

Geslag/Gender

Manlik/Male

Vroulik/Female

Mediese Inligting/Medical Information

Besonderhede van Hooflid/Particulars of Main Member

Voorname/Names: _____

Van/Surname: _____

Woonadres/Home address: _____

Geboortedatum/Date of birth: _____

Telefoonnommer/Telephone number: _____

Huis/Home: _____

Werk/Work: _____

Sel/Cell: _____

Faks/Fax: _____

ID-nommer/ID number: _____

Geslag/Gender:

Manlik/Male

Vroulik/Female

E-pos/E-mail: _____

Mediese Fonds Besonderhede/Medical Aid Particulars

Mediese fonds/Medical aid: _____

Mediese fondsnommer/Medical aid number: _____

Plan: _____

Afhanklike kode/Dependant code: _____

Noodgeval kontak-inligting/In case of emergency information

Voorname/Names: _____

Van/Surname: _____

Telefoonnommer/Telephone number: _____

Huis/Home: _____

Werk/Work: _____

Sel/Cell: _____

Verwantskap/Relationship: _____

Ander Mediese Besonderhede/Other Medical Particulars

Neem jy enige chroniese medikasie?

Do you take any chronic medication?

Ja/Yes

Nee/No

Indien **Ja**, lys diemedikasie:

If **Yes**, list the medication: _____

Blaai om/Turn Page

Ly jy aan enige van die volgende:/Do you suffer from any of the following:

Epilepsie/Epilepsy:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Hepatitis A:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Hepatitis B:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Diabetes:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Hartprobleme/Heart problems:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Hartkloppings/Palpitations:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Breuk/Hernia:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>

Is jy ingeënt teen die volgende:/Have you been innoculated against the following:

Hepatitis A:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Hepatitis B:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Tetanus:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Ander/Other:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Spesifiseer/Specify:	<hr/>	

Asma/Asthma

Is jy 'n asmalyer/Do you suffer from asthma?	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Neem jy medikasie vir asma? Do you take medication for asthma?	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Spesifiseer/Specify:	<hr/>	

Allergië/Allergies

Is jy allergies vir die volgende/Are you allergic to the following:

Medikasie/Medication:	<input type="text" value="Ja/Yes"/>	<input type="text" value="Nee/No"/>
Spesifiseer/Specify:	<hr/>	
Noem allergië/State allergies:	<hr/>	

Ek verklaar hiermee dat ek erken en verstaan dat die oefenprogramme en aanbiedinge van die Grey Kollege Gimnasium my mag blootstel aan inherente risiko's soos ongelukke, beserings, siekte of sterfte. Ek aanvaar voorts volle risiko vir beserings wat verband hou met deelname wat insluit maar nie beperk is tot val, kontak met ander deelnemers, die weersomstandighede wat mag insluit uitsonderlike hitte en/of humiditeit en alle ander risiko's soos deur my verstaan en aan my bekend is.

I hereby declare that I understand and acknowledge that the training, programmes and events offered by the Grey College Gymnasium may expose me to inherent risks such as accidents, injury, illness, or death. I further accept full risk of injuries associated with participation including, but not limited to falls, contact with other participants, the effects of the weather, including extreme heat and/or humidity and all other such risks being known and understood by me.

Ek verklaar hiermee erkenning van my plig om enige fisiese en sielkundige probleme wat teenstrydig mag wees met my deelname aan aktiwiteite, te verklaar. Ek verklaar voorts dat ek fisies fiks en geestelik in staat is om die fisiese aktiwiteit waaraan ek kies om deel te neem, te doen.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I further declare that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

Ek het hierdie kwytskelding gelees en ek verstaan en aanvaar die feite hierin vervat. Ek stem toe dat met inganeming van my aanvaarding van deelname aan dienste deur Grey Kollege aan my verskaf, ek of enige persoon wat namens my mag optree, die Grey Kollege Gimnasium, sy beamptes, werknemers, organiseerders, verteenwoordigers of toesighouers KWYTSKELD van ENIGE AANSPREEKLIKHEID of EISE van watter aard ookal wat mag voortspruit uit my deelname aan Grey Kollege Gimnasium-programme, oefeninge en/of gebeurlikhede. Ek, die aansoeker, verstaan en verklaar voorts soos volg:

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and of Grey College furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE the Grey College Gym, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising from of my participation in the Grey College Gym training, programs and/or events. I, the applicant, furthermore understand and agree that:

Ek het 'n mediese praktisyn geraadpleeg en hy/sy keur my voorgename deelname aan gimnasium-aktiwiteite goed.

I have consulted a physician and he/she has approved my contemplated activities at the gym.

Die Grey Kollege Gimnasium is nie verantwoordelik vir enige verlore of gesteelde goedere nie.

The Grey College Gymnasium is not responsible for lost or stolen articles.

Ek onderneem om nie met enige skoene behalwe goedgekeurde "tekkies"/sportskoene te oefen nie.

I will not train wearing any shoes other than "tekkies"/sports shoes.

Blaai om/ Turn Page

Ek sal nie met enige ander tipe broek as sportbroeke oefen nie - geen denimbroeke nie.

I will not train wearing jeans or any pants other than sport shorts.

Ek sal alle gewigte wat ek tydens oefening gebruik volgens regulasies wegsit.

I will put away all weights used by me in training.

Ek sal alle lidmaatskapfoeie betyds betaal.

I will be punctual in paying my my membership fees up to date.

Ek sal te alle tye die gimnasium netjies hou.

I will at all times keep the gym neat and tidy.

Ek sal nie gil of vloek/onbetaamlike taal gebruik in die gimnasium nie.

I will not scream or swear/use inappropriate language in the gym.

Ek sal onmiddellik enige skade aanmeld.

I will immediately report any damages.

Ek sal nie in die gimnasium eet nie.

I will not eat in the gym.

Ek sal die reël gehoorsaam dat geen selfone in die oefen-area gebruik mag word nie.

I will adhere to the rule that no cell phones may be used in the training area.

Deur die ondertekening van hierdie vrywaringsdokument erken ek dat ek die bepalings gelees en verstaan het. Ek besef dat hierdie dokument 'n vrystelling van aanspreeklikheid is en ek stem vrywillig toe tot die gemelde bepalings.

By signing this waiver of liability I indicate that I have read and understood this document. I am aware that this is a waiver and a release of liability and I voluntarily agree to the terms as stipulated in the document.

Aansoeker se naam (drukskrif asseblief)/Participant's name (please print):

Aansoeker se Handtekening/Participant's Signature

Datum/Date