



ROYAL RETREAT WELLNESS & FITNESS CLUB

MEMBERSHIP APPLICATION

Applicant Name:_____

Date: ____/___/____/

2022 PRICE LIST (The Clubs financial year runs from 1 July – 30 June).

Current Members of Royal Johannesburg & Kensington Golf Club

Your Category:			
SELECT:			
ORDINARY	FREE		
ROYAL RESIDENT	FREE		
SPOUSE	R 320 PER MONTH		
HONORARY & LIFE	R 250 PER MONTH		
UNDER 18	R 220 PER MONTH		
STUDENT (UNDER 26 WITH VALID CARD)	R 280 PER MONTH		
ALL OTHER CATEGORIES	R 350 PER MONTH		
Non Members of Royal Johannesburg & Kensington Golf Club:			

SELECT:	
PRINCIPAL	R 750 PER MONTH
NEIGHBOURING RESIDENT (5KM – Proof of address required)	R 550 PER MONTH
SPOUSE	R 450 PER MONTH
UNDER 18	R 350 PER MONTH
STUDENT (UNDER 26 WITH VALID CARD)	R 400 PER MONTH





*Gym membership is valid for the Clubs financial year (1 July – 30 June) and renewed in April of each year
(Membership payment is strictly by DEBIT ORDER and the admin fee is included in the fee setup).
TELEPHONE:

EMAIL:

EMERGENCY CONTACT:_____

EMERGENCY NAME	:		

MEDICAL AID DETAILS

NAME:______ NUMBER: ______

KNOWN MEDICAL CONDITIONS:

WOULD YOU LIKE A PERSONALISED LOCKER: (Circle) Yes / No R 900 ANNUALLY

MEMBERS DECLARATION & PAYMENT DETAILS

Before signing this document, I have read, understood and hereby agree to the terms and conditions of membership.

I agree to pay the following monthly membership fee:___ The Monthly Gym Membership Fee is payable on the 1^{st} of every month for a period of 12 months.

Strictly by DEBIT ORDER Membership must be cancelled in writing 30 days before your renewal date (30 June 2022)

Debit order form should be completed with application

Start Date: __2__/___2___2022___ Expiration Date (if applicable): _30___/__6__/__2022___

I hereby give my permission for Royal Johannesburg & Kensington Golf Club to communicate with me on Club matters via email, newsletter and /or SMS.

ALL PERSONS ENTERING THE WELLNESS AND FITNESS CLUB DO SO AT THEIR OWN RISK AND HEREBY INDEMNIFY THE CLUB, ITS TENANTS AND/OR MANAGEMENT AGAINST ANY LOSS, DAMAGE OR INJURY THAT MAY BE INCURRED OR SUSTAINED, HOWSOEVER IT ARISES.

EXCLUSIVE ACCESS IS GRANTED TO THE CARD HOLDER ONLY.

Signature: _____ Date: ____/____





MEMBERSHIP TERMS & CONDITIONS – WAIVER & RELEASE

Acknowledgement of Risks, Injury & Obligations

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks.

I acknowledge and understand that whilst participating in such activity:-

- I may be injured, and may even die
- My personal property may be lost or damaged
- Other persons participating in such activity may cause me injury or may damage my property
- I may cause injury to other persons or damage their property
- There may be no or inadequate facilities for treatment or transport of me if I am injured
- I assume the risk of and the responsibility for any injury, death or property damage resulting from my participation in the activity.

Release and Indemnity

I agree that I participate in the activity at my sole risk and responsibility. I release, indemnify and hold harmless, Royal Johannesburg & Kensington Golf Club, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties, for or in respect of, or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

I also agree that in the event that I am injured or my personal property is damaged, I will bring no claim, legal or otherwise, against the Club in respect of injury or damage.

I have read, understood and agreed with all of the above.

Full Name: _____

Signature: ____

_____Date____/____/

WHERE THE PARTICIPANT IS UNDER 18 YEARS OF AGE

I,_______(Full Name) being the parent or guardian of the person named in this acknowledgement, HEREBY ACKNOWLEDGE AND AGREE that I have read the whole of this document and understand it. I consent to the person named in this acknowledgement and release participating in the activity and I am aware of the risks, dangers and obligations set out above. I agree to the release and indemnify the Club in the same manner and to the same effect as if I were the person first named in the acknowledgement and release and the person participating in the activity.

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Signature of Parent / Guardiar		/ /	





ADMINISTRATION

- Appropriate, covered footwear and clothing must be worn at all times while in the gym facility.
- Gym Membership Card must be carried and shown upon request. Memberships are not refundable or transferable.
- Members must respect other gym users and behave in an appropriate manner at all times.
- You will be responsible for covering any damage you cause to the equipment and facilities, while using the gym
- No children under the age of 16 will be allowed to use the facility. Children from 16 to 18 years of age may use of the gym under adult supervision.
- The Club reserves the right to rescind the rights of members not complying with the terms and conditions of the membership and the Gym Rules.

POPIA: THE CLUB COLLECTS, USES, PROCESSES, RETAINS AND SHARES YOUR PERSONAL INFORMATION ONLY FOR THE PURPOSE OF PROVIDING MEMBERSHIP SERVICES. THIS INCLUDES COLLECTING AND SHARING YOUR PERSONAL INFORMATION WITH THIRD PARTY PARTNERS ONLY IF THEY ARE ESSENTIAL TO THE MEMBERSHIP PROCESS.

Signature:	 Date	//	/

OVERRIDING TERMS & CONDITIONS

The member will be entitled to the use of the gym & locker room facility upon monthly payment. The amount paid by the member will be debited once each month in advance for the agreed amount as required for the payment of the ensuing month's cost of access. Upon payment, the member acknowledges and accepts that he/she will not be refunded should he/ she not utilise the subscription package purchased. The member will have no claim in the event that the Club is closed or unavailable for any reason whatsoever. The Member agrees to observe and comply with all rules, regulations and policies adopted by the Club in connection with use of the facilities at the Club as the same may be posted or amended from time to time. Member's failure to comply with such rules, regulations and policies shall be grounds for suspension and/or immediate termination of the membership privileges. Upon acceptance and the monthly membership renewal, the member shall be bound by the constitution and by the Rules, Regulations and Byelaws of the Club. I hereby acknowledge that the Club is not responsible for any loss or injury sustained by me, my family or my guests when using the Club facilities and I indemnify Royal Johannesburg & Kensington Golf Club in respect of any such claims. At least one month's notice is required in writing on termination of membership. I also accept that the subscription fees are a monthly commitment and cannot be foregone without the Boards approval.

I accept full responsibility for any breakage or damage to the facility or assets of Royal Johannesburg & Kensington Golf Club.

Name:_______.

Signature: ____

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Once all forms are completed, please send through with a copy of your ID to membership@royaljk.co.za





ROYAL RETREAT WELLNESS & FITNESS CENTRE DEBIT ORDER APPLICATION FORM OF AUTHORITY AND MANDATE IN RESPECT OF ALL ELECTRONIC DEBITS

Debit orders are paid monthly in advance, on the first working day of each month.

Your initial debit order will include product charges in full, i.e. lockers/storage, thereafter the debit order will reduce to the set monthly fees for subscription.

Please note: In the event your debit order is dishonoured by the bank, <u>a R250.00 admin fee will apply.</u>

In order for us to establish the debit order with your bank and finalise your gym membership application, please fill in the relevant information below.

You are welcome to email through your application to membership@royaljk.co.za

ABBREVIATED NAME (The short description which will be noticed on bank statement): *ROYAL (Membership Number)*

A. AUTHORITY

Given by: (Name of Account holder)	
Tel:	
ID:	
Email Address:	
Address:	

Bank Name:						
Branch:		Branch Code:		Branch Code:		
Account Number:						
Type of Account: (Please circle)	Current (Cheque)	Savings		Transmission		
Amount:		(As per invoiced amount) If amount varies monthly				
Date of transaction starting:						
To (Name of Beneficiary):	Royal Johannesburg and Kensington Golf Club					
Beneficiary's address:	1 Fairway Avenue, Linksfield North, Johannesburg, 2192					





This signed Authority and Mandate refers to our contract dated_____("the agreement")

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/We may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on ______ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows on the first working day ("payment day") of each and every month commencing on______.

In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account monthly and re-present the instruction for payment as soon as sufficient funds are available in my account; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due; on or after the dates when the obligation in terms of the amount of each individual payment instruction may not be more or less than the obligation due; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number must be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

B. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. We acknowledge that you utilise the services of Softy Comp for this collection.

Signed at

_on this_____day of_

Signature as used for operating on the account





E. NUMBER

(Membership) Number is