



ROYAL RETREAT WELLNESS & FITNESS CLUB

MEMBERSHIP APPLICATION

Applicant Name: _____

Date: ____/____/____

Date of Birth: ____/____/____

ID: Number: _____

2023 / 24 PRICE LIST (The Clubs financial year runs from 1 July – 30 June).

Current Members of Royal Johannesburg & Kensington Golf Club

Your Category: _____

SELECT:

ORDINARY, INTERIM SENIOR, INTERIM	FREE
ROYAL RESIDENT	FREE
HONORARY & LIFE	FREE
SPOUSE	R 360 PER MONTH
UNDER 18	R 260 PER MONTH
STUDENT (UNDER 26 WITH VALID CARD)	R 320 PER MONTH
ALL OTHER CATEGORIES	R 400 PER MONTH

Non Members of Royal Johannesburg & Kensington Golf Club:

SELECT:

PRINCIPAL	R 850 PER MONTH
NEIGHBOURING RESIDENT (5KM – Proof of address required)	R 600 PER MONTH
SPOUSE	R 500 PER MONTH
UNDER 18	R 380 PER MONTH
STUDENT (UNDER 26 WITH VALID CARD)	R 460 PER MONTH



ROYAL JOHANNESBURG & KENSINGTON GOLF CLUB

Est. 1890



*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).

CONTACT NUMBER : _____

EMAIL ADDRESS : _____

EMERGENCY CONTACT NUMBER: _____

EMERGENCY CONTACT NAME: _____

MEDICAL AID DETAILS

NAME: _____ NUMBER: _____

KNOWN MEDICAL CONDITIONS: _____

WOULD YOU LIKE A PERSONALISED LOCKER: (Circle) Yes / No R 1 000 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 1st 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 (Annually 30 June)

Debit order form should be completed with application

Start Date: ____/____/____202__ Expiration Date (if applicable): ____/____/____202__

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.

Signature of Parent / Guardian _____ DATE ____/____/____



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: _____ Date ____/____/____

*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, a R250.00 admin fee will apply.

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:	
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):	<i>Royal Johannesburg and Kensington Golf Club</i>		
Beneficiary's address:	<i>1 Fairway Avenue, Linksfield North, Johannesburg, 2192</i>		



ROYAL JOHANNESBURG & KENSINGTON GOLF CLUB

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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 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

FOR OFFICE USE

E. NUMBER

(Membership) Number is