

RUIMSIG AFTERCARE CENTRE

Kelsey Harrop 071 606 0858

kelseyharrop@gmail.com

CHILD'S DETAILS	
Surname	
First Names	
Male/Female	
Date of birth	
Dietary Requirements	
Allergies	
MOTHER'S DETAILS	
Surname	
Full Name	
Cell number	
Work number	
E-mail address	
FATHER'S DETAILS	
Surname	
Full Name	
Cell Number	
Work number	
E-mail address	
EMERGENCY CONTACT	
Name & Surname	
Contact Number	

Overall Indemnity

In favour of Kelsey Jane Harrop and any members of staff assisting her (hereinafter referred to as "Ruimsig Aftercare Centre")

I (full name and surname) _____

Identity number _____

Being the child's natural parents/legal guardian of (child's name and surname) _____

I/We the undersigned, hereby absolve Ruimsig Aftercare Centre from all liability or loss, howsoever arising, out of consent, hereby granted. I agree that I and my dependents, heirs, administrators, executors and assigns shall have no claim whatsoever against Ruimsig Aftercare Centre whether in respect of personal injury, death, disappearance, kidnapping or any other event as well as loss of or damage to property.

I further state that I/We understand the schedule of payment of aftercare fees and notice periods and agree to them. I further agree that all expenses incurred to recover any such fees will be payable by myself and for my own account.

Signed Father _____ Mother _____

At _____ On this _____ day of _____ 20 _____