

PRIDE FIGHTING ACADEMY

2 ROODEHEK HOUSE, ROODEHEK RD, GARDENS CAPE TOWN

CK REG NO: 2005/014832/23

CONTACT MIKE: 082 660 2129

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MEMBERSHIP PACK

Classes are broken up into two main categories "Stand Up" and "Ground". The stand up classes consist of Boxing and Muay Thai and the ground classes of Brazilian Jiu Jitsu, Wrestling and Ground & Pound.

Training Schedule:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
06:00	Boxing	Muay Thai	Boxing	Muay Thai	MMA		C
06:00	BJJ Gi	No Gi BJJ	BJJ Gi	No Gi BJJ			
07:30						Yoga	
08:30	No Gi BJJ	Wrestling	No Gi BJJ	Wrestling		Beginners BJJ	L
09:30						Boxing	
10:45						BJJ Open Mat	O
12:30	BJJ Gi	Boxing	BJJ Gi	Boxing	BJJ Gi		
13:00	HIIT		HIIT		HIIT		S
14:00					Kids Striking		
15:00		Kids BJJ		Kids MMA			
16:30	Advanced NO GI BJJ	Judo	Advanced NO GI BJJ	Judo	Advanced NO GI BJJ		
17:00	HIIT	HIIT	HIIT	HIIT			
17:30	NO GI BJJ	BJJ Gi	NO GI BJJ	BJJ Gi	No Gi BJJ		E
18:00	Muay Thai	Boxing	Muay Thai	Boxing	Boxing		
19:00	Boxing	Sparring	Boxing	Sparring			D

FEES & REGISTRATION:

A once off joining fee of R350 is required on registration. A debit order payment system is mandatory for all clients, unless a minimum contract period of 6 months is paid in full in advance.

PFA BANK DETAILS

FNB CHEQUE ACCOUNT NUMBER: 62181941488 BRANCH CODE: 250655

CONTRACTS & PRICING STRUCTURE:

All contracts are payable monthly via debit order or cash in advance only (6 month minimum)

Membership fee is R880 per month for a minimum 12 month contract. The Student Rate is R 780 for a minimum 12 month contract. Membership allows unlimited access to the gym and to attend an unlimited amount of group classes.

TERMS AND CONDITIONS:

1. Missed classes cannot be made up or carried over into another month. You may however defer a month's training with the proper notice and valid reason due to injury. Contracts cannot be put on hold over holiday periods, Religious, student or otherwise. Contracts will run consecutively for the minimum 12 month period.
2. A student discount is applicable only to those with a valid student card.
3. Contracts will continue to run after the contract period ends unless a cancellation notice is given. Cancellation requires 1 calendar month notice to cancel the contract. Memberships will continue to run monthly unless a written notice of cancellation is given. Memberships cannot be canceled within the first 12 months.
4. PFA does not accept responsibility for any personal injuries or damage or loss of personal property.
5. Everyone must have all their own training gear, including large sweat towel at each session.

LIABILITY:

PFA, its owners, employees, representatives and or agents shall not accept liability for any loss, damage or injury of any nature or death whether rising from negligence or otherwise which is suffered by any person who enters the premises.

CONFIDENTIALITY:

Training methods and intellectual property gained at PFA is to be kept confidential and is not to be taught to anyone who is not a member of PFA

MEMBERSHIP & INDEMNITY FORM:

Name: _____

Date: _____

Surname: _____

Identity Number: _____

Date Of Birth: _____ Age: ____

Address: _____

Postal Code: _____

: _____

PO BOX: _____

Postal Code: _____

Contact Numbers:

Cell: _____ Home: _____ Work: _____

Email Address: _____

In Case Of Emergency Please Call: _____ on _____

Membership Option: (please tick next your choice)

Full: __ Student: __ Debit Order: __ Cash Upfront: __

Membership Contract Term: _____ Starting Date: _____

Monthly Debit Amount: _____ Cash Amount: _____ Joining Fee: _____

Medical History: (PFA cannot and will not be held liable for any injury or illness that arises as a result of any errors or omissions contained in this form)

List all health conditions and injuries: _____

Doctor: _____ Tel: _____

Martial Arts Background: _____

How did you hear about PFA? _____

ACCEPTANCE:

I the undersigned do hereby acknowledge and agree that the training facilities provided by PFA have specifically been formulated to ensure my safety and encourage the best possible results from regular training. I have read the terms and conditions of membership and agree to all the rules and regulations stipulated therein.

I further confirm that I have consulted my physician on doctor prior to commencing training at PFA.

No variation, indulgence or waiver can alter the above mentioned terms and conditions of this agreement.

I, _____ (name & surname) have familiarized myself with the rules and regulations, along with the membership terms and conditions of PFA and hereby agree to be bound thereby.

Members Signature: _____ Date: ____/____/____

If you are under 21 years of age please ensure that your parent or guardian signs on your behalf.

Parent/Guardian Signature: _____ Date: ____/____/____

Full Name of Guardian: _____ ID No: _____

Contact number: _____

BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY:

Name : _____ Date : _____
Address : _____ Contract No. : _____
_____ Debit Amount : _____
_____ Commencement
Date : _____
Contact Abbreviated name
No : _____ as registered with PRIDE FIGH
the bank :

Dear Sirs/Madams

The details of my/our account are as follows: **(PLEASE FILL IN THE ACCOUNT THAT YOU WANT DEBITED ONLY)**

BANK : _____ CARDHOLDERS _____
_ NAME : _
BRANCH _____ CARD NUMBER : _____
TOWN : _
BRANCH _____ EXPIRY DATE : _____
NO. : _
ACCOUN _____ CVV NUMBER : _____
T NAME. : _
ACCOUN _____ (three digit number on back
T NO. : _ of card)
TYPE OF _____ CARD TYPE : _____
A/C : _

(master card, visa)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our above mentioned account at my / our above mentioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 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

i. On the ___ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, 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 and re-present the instruction for payment as soon as sufficient funds are available in my account;

ii. Monthly; 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. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

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.

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.

ASSIGNMENT:

I / We acknowledge that this Authority may be ceded to 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.

Signed at _____ on this _____ day of _____
20__

DECLARATION:

Do you authorise PRIDE FIGHTING ACADEMY to issue and deliver payment instructions to your Banker for collection against your Bank account on condition that the sum of such payment instruction will never exceed your obligations as agreed in your contract/agreement?

This method will commence effective (date) and will continue monthly, thereafter until your obligation has ended or the Authority and Mandate is terminated by yourself by giving us notice of not less than one month. In the event that the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

If there are insufficient funds in the nominated account to meet the obligation, we are entitled to track your account and re-present the instruction for payment as soon as sufficient funds are available in your account.

This Authority and Mandate may be cancelled by you however; such cancellation will not cancel the Agreement. You shall not be entitled to any refund of amounts which we may have withdrawn while this Authority was in force, if such amounts were legally owing to us.

The Authority and Mandate may be ceded or assigned to a third party only if the Agreement is also ceded or assigned to the third party.

Please note that the reference that will appear on your bank statement will be _____ PRIDE FIGH _____

Mr/Mrs/Miss _____ do you understand and accept what I have read to you? (Yes/No) If you have any questions or complaints, please contact _____ on _____ .