



MEMBERSHIP/PLAYER APPLICATION FORM

NAME: _____ SURNAME: _____
DOB - DD/MM/YYYY: _____ AGE: _____
GROUP (IF ANY): _____ TELEPHONE: _____
MOBILE: _____ EMAIL: _____
PAYMENT SELF: _____ PAYMENT SPONSORED: _____
DAILY @ R25 PER GAME: _____ MONTHLY @ R100: _____
ADDRESS: _____
SCHOOL: _____ UNIVERSITY/COMPANY: _____
BOOT SIZE: _____ REFERED BY: _____
MEDICAL CONDITION: _____ DATE: _____

INDEMNITY FORM

I hereby declare and authorize the abovementioned player's participation in African Brothers Football Academy and its sponsors, and related parties to accept no liability for any loss, injury or damage to personal property whilst on the academy's property. Teams and players may be banned without refund as determined by the African Brothers Football Academy constitutions.

MEMBERS NAME: _____ MEMBERS SIGNATURE: _____
GUARDIANS NAME: _____ GUARDIANS SIGNATURE: _____

ADMINISTRATION ONLY

PAYMENT RECEIVED: R _____ DATE: _____ MEMBERSHIP: _____

PHOTOGRAPH

DATE PICTURE TAKEN: _____ REFERENCE NUMBER: _____

PAYMENT DETAILS

BANK: **FIRST NATIONAL BANK** TYPE: **BUSINESS TRANSACATION ACC**
ACCOUNT NAME: **AFRICAN BROTHERS FOOTBALL ACADEMY (PTY) LTD**
ACCOUNT NUMBER: **62280214661** BRANCH CODE: **201-511 – GARDENS CENTRE** SWIFT CODE: **FIRNZAJJ**
