**By signing the Client Registration Form you agree to the following terms and conditions:**

1. Payment is strictly cash or proof of payment must accompany the service requested.
2. We shall have the right to withhold a service to any client for late or non-payment.
3. Should you cancel an appointment without 24 hours’ notice, we will charge the full price as if the service has been rendered.
4. When taking the client to a DLTC for the booking of a test date or driver’s test and the DLTC is unable to provide the required service for any reason whatsoever for example load shedding or E-Natis system failures, our charges are still payable as we are not responsible for their actions and they operate separately from us. This occurrence is very seldom luckily and sometimes not even happens once a year.
5. Some public parking training areas charge a fee of R30 per hour to use their facility. The client will be responsible for paying such a fee in cash to them. Please note that these facilities operate separately from us.
6. No refunds will be given.
7. If it is not possible to scan and email the Client Registration Form to the office, the client will be asked to complete and sign the form when attending the first appointment.
8. **PLEASE NOTE:** The client will need 2 separate days off from work/school. One day for the confirmation of the date (Filling in forms and paying) and one day for the day of the test. We MOSTLY use Krugersdorp as a testing centre for drivers tests.

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| OLYMPIC ACADEMY OF DRIVING  CLIENT REGISTRATION FORM | | | | |
|  | | | | |
| FULL NAMES: |  | | | |
| PREFERRED NAME: |  | | | |
| SURNAME: |  | | | |
| ID NUMBER: |  | | | |
| TELEPHONE NUMBER HOME: |  | | | |
| TELEPHONE NUMBER WORK: |  | | | |
| CLIENT’S CELLPHONE: |  | | | |
| ADDITIONAL NUMBER (NEXT OF KIN): |  | | | |
| ADDRESS FOR PICKUP: |  | | | |
| HOME ADDRESS: |  | | | |
|  | | | |
| WORK ADDRESS: |  | | | |
|  | | | |
| E-MAIL ADDRESS: |  | | | |
| ADDITIONAL E-MAIL ADDRESS: |  | | | |
| ANY MEDICAL CONDITION THAT THE INTRUCTOR WOULD NEED TO KNOW ABOUT:  (VISUAL, MEDICAL, DISSABILITIES) |  | | | |
| IF YOU ARE A MINOR, PLEASE PROVIDE THE FOLLOWING: | | | | |
| PARENT’S NAME: |  | | | |
| PARENT’S CELL NUMBER: |  | | | |
| PARENT’S E-MAIL ADDRESS: |  | | | |
|  |  | | | |
| BY SIGNING THIS FORM, YOU CONFIRM THAT YOU HAVE READ AND AGREE TO OUR TERMS AND CONDITIONS AS SET OUT ON THE PREVIOUS PAGE | | | | |
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|  |  | | | |
| CLIENT SIGNATURE | | | **IF MINOR, PARENT’S SIGNATURE** | |
|  |  | | | |
| OLYMPIC ACADEMY OF DRIVING CC WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES, LOSS OR DAMAGE THAT MAY OCCUR. THE CLIENT / PARENT AND NEXT OF KIN DO HEREBY RELEASE OLYMPIC ACADEMY OF DRIVING FROM ALL SUCH CLAIMS. | | | | |