



2017 APPLICATION FORM *JANUARY to JUNE.*

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DUE TO THE NATURE OF THE "BEYOND ADVENTURE" PROGRAMME, OUR SELECTION OF STUDENTS IS ON A FIRST COME, FIRST SERVED BASIS, PROVIDED ALL REQUIREMENTS ARE MET

A. APPLICATION FOR ADMISSION

PERSONAL DETAILS OF APPLICANT: (please print clearly in **BOLD** letters)

SURNAME: _____ INITIALS: _____

FIRST NAMES: _____

PREFERRED NAME: _____ IDENTITY NUMBER: _____

DATE OF BIRTH: ____/____/____ PASSPORT NUMBER: _____
(DD / MM / YYYY)

(please mark accordingly)

TITLE: MR ____ MISS ____ Other ____ MALE: ____ FEMALE: ____

SOUTH AFRICAN ____ OTHER: ____ (PLS specify) _____

STUDY PERMIT NUMBER: _____ PERMIT EXPIRY DATE: _____

PHYSICAL ADDRESS: (please print clearly in **BOLD** letters)

POSTAL ADDRESS: (please print clearly in **BOLD** letters)

Postal Code: _____

APPLICANTS EMAIL _____

APPLICANTS Cell Phone No: _____

B. PRELIMINARY REPORT OF PROSPECTIVE STUDENT

NAME OF SCHOOL ATTENDED or ATTENDING AT PRESENT:

HIGHEST GRADE PASSED: _____ TEL NO. OF SCHOOL: _____

- Please provide a copy of your academic certificate.

C. DETAILS OF PARENT / GUARDIAN

Relationship to applicant: _____

TITLE: Mr: _____ Mrs: _____ Other (specify) _____

SURNAME OF PARENT/GUARDIAN 1: _____

FIRST NAME: _____ I.D. No of PARENT/GUARDIAN: _____

POSTAL ADDRESS: _____

WORK ADDRESS: _____

EMPLOYER: _____ PROFESSION: _____

HOME TEL NO: _____ WORK TEL NO: _____

CELL NUMBER: _____

E-MAIL ADDRESS: _____

SURNAME OF PARENT 2: _____ Relationship to applicant: _____

TITLE: Mr: _____ Mrs: _____ Other (specify) _____

FIRST NAME: _____ I.D. No of PARENT _____

POSTAL ADDRESS: _____

WORK ADDRESS: _____

EMPLOYER: _____ PROFESSION: _____

HOME TEL NO: _____ WORK TEL NO: _____

CELL NUMBER: _____

E-MAIL ADDRESS: _____

D. DETAILS OF RELATIVE / FRIEND :

(other than guardian / parent)

Relationship to applicant: _____

SURNAME: _____ TITLE: _____

NAME: _____

HOME TEL NO: _____ WORK TEL NO: _____

CELL NO: _____

E – MAIL: _____

E. PAYMENT AGREEMENT. (To be completed by the person responsible for the payment of applicants fees.)

Name: Surname:

I.D. No.:

Postal Address:

Home Tel. No.: Work Tel. No.:

Cell No.: Email:
(to where account is to be sent)

PAYMENT INFORMATION

1. The course fee is **R 48 500.00 (including VAT) for the year.**
2. If full fees are settled by 31 January 2017, then only R 47 000.00 is payable.
3. The deposit of R 16 500.00 (Which includes the R 500.00 administration fee) is payable prior to registration.
4. The full fee is payable upfront by the latest 31st January 2017.
5. If the full fee is not settled by 31st January 2017, a minimum installment of R 8000 per month, for 4 months, will be accepted to ensure continued tuition of the student and to avoid expulsion due to non-payment of fees.
6. Full fees must be settled by 31st May 2017 to enable the student to graduate.
7. Any fees outstanding for more than 1 month will result in automatic expulsion.

N.B. Please note that the first instalment is due at the end of February. This is a separate payment from the deposit and that monthly payments are to be made in advance, end of February for March, end of March for April etc.

CONDITIONS OF REGISTRATION

I confirm the enrolment of _____ (Student's Name) at Beyond Adventure in order to participate in the aforementioned course and agree to and accept the terms and conditions of registration. I hereby agree that I am liable for the full contract amount even if the course is not completed by my child in the stipulated time period, due to any failure on their part. I understand that this contract may only be cancelled in exceptional circumstances, subject to the cancellation procedure.

SIGNATURE WITNESS NAME

WITNESS SIGNATURE

CANCELLATION AND EXPULSION PROCEDURE:

Should the candidate need to cancel due to unforeseen circumstances or if they are expelled from Beyond Adventure, the following procedures should be followed: A full justification of cancellation should be submitted in writing.

- **The R 500.00 registration fee is non-refundable.**

- **Cancellation between the 01 November 2016 and 30 November 2016:**

25% of the deposit of **R16 000-00** will be held back

Any other deposits made into the Beyond Adventure bank account will be refunded

- **Cancellation between the 01 December 2016 and 31 December 2016:**

50% of the deposit of **R16 000-00** will be held back

Any other deposits made into the Beyond Adventure bank account will be refunded

- **Cancellation between the 01 January 2017 and 31 January 2017**

The deposit of **16 000.00** will not be refunded

- **Cancellation between the 01 February 2017 and 28 February 2017**

60% of the cost of the entire programme will not be refunded

- **Cancellation between the 01 March 2017 and 31 March 2017**

80% of the cost of the entire programme will not be refunded

- **Cancellation between the 01 April 2017 and 30 April 2017**

90% of the cost of the entire programme will not be refunded

- **Cancellation between the 01 May 2017 and 17 June 2017**

100% of the cost of the entire programme will not be refunded

P.S. In the event of outstanding payments, the student may be asked to leave the program until said fees are paid.

The parent/guardian/person responsible for the payment of applicant's fees will be held responsible for all student fees irrespective of whether you have applied for a bursary or loan.

SIGNATURE

WITNESS NAME

WITNESS SIGNATURE

I HEREBY ACCEPT THE FOLLOWING CONDITIONS:

1. The course is not transferable to other persons and cancellations will be conducted as per the Cancellation Procedure.
2. Should I fail to pay the instalments on the due date, my child may be suspended from Beyond Adventures until such time as my fees are brought up to date.
3. Should I fail to pay the instalment my account may be debited with the maximum interest allowed under the Limitation and Disclosures of Finance Charges Act No 73 of 1966 or any act replacing it.
4. I agree that in the event of Beyond Adventures instructing its attorneys to collect any amount, all legal fees and collecting charges and tracing fees as between attorney and client shall be borne by myself and all payments made shall firstly be allocated towards such fees and charges thereafter to interest and finally to capital.
5. Beyond Adventures accepts no responsibility in respect of and will not pay compensation in the event of any personal injuries sustained on the premises, nor loss of personal property.

Signed at _____ on this _____ day of _____ year _____

SIGNATURE

WITNESS

WITNESS SIGNATURE

Bank Details for EFT:

ACCOUNT NAME: Beyond Adventure
BANK NAME: Standard Bank
ACCOUNT TYPE: Cheque
ACCOUNT NUMBER: 081182457
BRANCH CODE: 050021
REF: Students name

VAT No: 4740181823
Company Reg No: 1998/020537/08

N.B. Please note that the first instalment is due at the end of February. This is a separate payment from the deposit and that monthly payments are to be made in advance, end of February for March, end of March for April etc.

F. MEDICAL INFORMATON

Medical Aid Scheme: _____

Medical Scheme Number: _____

Doctors Name: _____

Main Members ID: _____ (please attach copy to application)

Current Medication: _____

Dependent Code: _____

Plan: _____

MEDICAL HISTORY FORM

1. Rate your current health POOR / FAIR / GOOD / EXCELLENT
2. Any allergies? (Specify) _____
3. Do you have any physical limitations? YES / NO (if YES, please explain)

4. Have you ever suffered from an eating disorder? _____
5. Do you have any specific medical dietary requirements? YES / NO (if YES, please specify)

6. Do you have any learning disabilities? YES / NO (if YES, please give details)

7. Do you smoke? YES / NO
8. Do you suffer from asthma? YES / NO (if YES, how severe) _____

9. Do you suffer from epilepsy? YES / NO (please give details) _____

10. Do you suffer from any conditions requiring regular medication? YES / NO
(If YES, please give details) _____
11. Do you suffer any chronic recurring illnesses? _____
12. Do you have any other problems that should be noted (joints,back,knees,etc)

13. Have you ever suffered a nervous breakdown, depression or any other emotional disorder (if YES, please explain)

14. Is there anything else which we need to know about with regards to your health, which has not been asked in the above questions?

15. Have you ever been involved with drugs or been in a rehabilitation centre? If so, please specify which drugs and when last you used the drug(s).

SIGNED AT _____ this _____ day of _____

SIGNATURE:PARENT/GUARDIAN _____ STUDENT: _____

G. ATTACHMENTS TO EACH APPLICATION:

1. R500.00 non-refundable administration fee is payable. Attach or fax proof of payment to:
+27(0)86 618 4803 FAX
2. Certified copy of Identity document (student) + Identity document (parent/guardian and person responsible for paying students fees if not the parent/guardian) + Identity document of Main Member of Medical Aid.
3. Education certificate of highest grade completed.
4. 2 x Confidential Letters of Reference + 1 testimonial
5. N.B. Please tell us how or where you heard about Beyond Adventure: _____

OTHER FORMS TO BE COMPLETED:

Please download from www.beyondadventure.co.za – click INFORMATION download OR contact baregistrations@myriver.com

- INFORMATION BROCHURE (Both applicant and parent/guardian to initial each page)
- GRADUATION REQUIREMENTS (Both applicant and parent/guardian to initial each page)
- SCUBA MEDICAL FORM

COMPLETED APPLICATION & OTHER FORMS CAN BE SENT TO:

E/mail: baregistrations@myriver.com

Fax: 0866184803

Postal: P O Box 39 Alicedale 6135 (REGISTERED MAIL)

ALL ORIGINAL DOCUMENTATION NEEDS TO BE BROUGHT ON OPENING DAY

H. UNDERTAKING BY THE PARENT / GUARDIAN / STUDENT

- I declare that I / my son / my daughter have filled in the form and that the details are correct.
- I, the undersigned declare that I will be liable for the prompt payment of fees to Beyond Adventure as determined by the Management of Beyond Adventure. I shall fax my deposit slip with regard to monies paid in order for Beyond Adventure to validate my registration.
- I understand that Beyond Adventure has the right to cancel my registration at any time should it emerge that the information I have supplied is incorrect or false.
- I undertake to pay any cost with regard to tracing and lawyers' fees or an attorneys' and private client scale, should Beyond Adventure have to enter into legal proceedings, if I fail to make payments on or before stipulated dates.
- I grant Beyond Adventure the right to claim outstanding amounts from my employer by way of salary deduction, should I fail to make payments by the stipulated dates.
- I understand that this undertaking signed by me refers specifically to my own / my child's application for admission to Beyond Adventure or continuation of study at Beyond Adventure.

SIGNED AT _____ this _____ day of _____

Signature of parent / guardian _____ Signature of student: _____

NAME: (please print): _____ NAME: (please print): _____

Identity number: _____ Identity number: _____

DEED OF CONSENT, INDEMNITY AND ACCEPTANCE OF LIABILITY
To be completed by applicant (student)

I, _____ the undersigned do hereby state:

1. I confirm that I have full legal capacity to conclude this agreement and to bind myself to the terms and condition thereof.
2. I attach hereto a certified copy of my Identity document.
3. I confirm that I have contracted for enrolment for the period _____ with Beyond Adventure, South Africa which is owned and run by The River Group and that for the period aforesaid I will be a resident and under the supervision and control of the managing directors of the Group or their duly authorized representatives (referred to collectively hereinafter as "The Directors").
4. I hereby authorize the Directors for the entire period that I will be under supervision / control of the directors to:
 - 4.1 act as my authorized agent, as guardian
 - 4.2 sign any documentation on my behalf relating to me as the minor child, whether Signature of such documentation is required in respect of any medical operation, treatment or for any other purpose that may be necessary; and
 - 4.3 generally do whatever may be necessary in the interest of myself on behalf of my parents or Legal guardian.
5. I acknowledge that am fully aware that I may suffer injury or death whilst engaging in some of the activities, which I will participate in during the period of my enrolment or whilst travelling in transport provided by the River Group and /or Directors whether as a result of error of and having full knowledge and effect and knowing and understanding fully what I am doing and realizing that any one or more of the persons referred to above may prove to have been careless and/or negligent and/or not sufficiently skillful or competent:

I hereby indemnify and hold harmless:

The River Group, River Ministries, the Directors, their servants and Agents, both in their private capacities and as representatives of the Group, jointly and severally against any claims for damages and any claims by myself and /or by my estate and /or by my dependents in respect of or in connection with any injury whatsoever to myself or my death arising out of or in connection with any activities in which I participate under the auspices of The River Group and I hereby acknowledge that I engage in such activities solely at my own risk and upon my own responsibility and that I freely and voluntarily accept fully the risk to myself and my dependents.

6. I hereby consent to participate in all official curriculums, activities offered by Beyond Adventure and I confirm that I will do so at my own risk.
7. By my signature to the Agreement I accept these terms and conditions and confirm that I understand the contents thereof.

Signed at _____ this _____ day of _____

SIGNATURE: _____

AS WITNESSES: 1. _____

2. _____

DEED OF CONSENT, INDEMNITY AND ACCEPTANCE OF LIABILITY
(To be completed by the guardian/parent)

I, _____ the undersigned, do hereby state:

1. I am the Father/Mother and guardian of, _____ born on the _____
2. I attach hereto certified copies of my Identity Document and my son / daughters Identity Document respectively.
3. I confirm that my son/daughter has enrolled for the period _____ with Beyond Adventure, South Africa which is owned and run by The River Group and that for the period aforesaid my son / daughter will be under the control and supervision of the Directors of the Group or their duly authorized representatives (referred to collectively hereinafter as The Directors).
4. I hereby authorize the Directors for the entire period that my child is under supervision / control of the directors to:
 - 4.1 act as my authorized agent, as guardian
 - 4.2 sign any documentation on my behalf relating to the minor child, whether signature of such documentation is required in respect of any medical operation, treatment or for any other purpose that may be necessary; and
 - 4.3 Generally do whatever may be necessary in the interest of my child on my behalf.
5. I acknowledge that I am fully aware that my child may suffer injury or death whilst engaging in some of the activities, which he/she will participate in during the period of his / her enrolment or whilst travelling in transport provided by the River Group and / or Directors whether as a result of error of judgment or negligence on the part of the directors or River Group, their Agents, employees and / or servants. Notwithstanding the above, and having full knowledge and effect and knowing and understanding fully what I am doing and realizing that any one or more of the persons referred to above may prove to have been careless and / or negligent and / or not sufficiently skillful or competent:
6. I acknowledge and agree that a certificate signed by any of the directors shall be sufficient and prima facie proof of any expenses incurred in respect of my child.
7. I further indemnify and hold harmless The Group, River Ministries and the Directors both in their private capacities and as representatives of the Group in respect of any claim that may be brought against them arising out of any decision made by them on behalf and in respect of my child in terms of this agreement. I accept liability for any accounts and expenses which they may incur relating to my child. I undertake to pay such accounts and expenses on demand. I hereby consent to my child participating in such activities at his / her own risk.
8. By my signature to the agreement I accept these terms and conditions, and confirm that I understand the contents herein.

SIGNED AT _____ this _____ day of _____

SIGNATURE: _____

AS WITNESSES:

1. _____

2. _____

CONFIDENTIAL LETTER OF REFERENCE

(To be completed by teacher, pastor)

NAME OF APPLICANT: _____

NAME OF REFEREE: _____

CONTACT NUMBER OF REFEREE: Cell no: _____ Work no: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

THE REFEREE SHOULD KNOW THE APPLICANT WELL ENOUGH TO COMPLETE THE FOLLOWING:

(Please indicate with an X)

INTELLIGENCE

- ☐ Exceptional
- ☐ Has a good mind
- ☐ Average mental ability
- ☐ Learns and thinks slowly

LEADERSHIP

- ☐ Unusual ability to lead
- ☐ Has some leadership promise
- ☐ Tries, but lacks ability
- ☐ Makes no effort to lead

ACHIEVEMENT

- ☐ Superior creative ability
- ☐ Meets average expectations
- ☐ Does only what is assigned
- ☐ Starts, but does not finish

TEAMWORK

- ☐ Works well with others
- ☐ Usually cooperative
- ☐ Insists on having his/her own way
- ☐ Frequently causes friction

SOCIABILITY

- ☐ Well liked by others
- ☐ Liked by others
- ☐ Tolerated by others
- ☐ Avoided by others

PHYSICAL CONDITION

- ☐ Good health
- ☐ Fairly healthy
- ☐ Somewhat below par
- ☐ Frequently incapacitated

PERSONAL QUALITIES

Listed below are some personal qualities. Please use the numbers to rate the applicant:

1 = weak

2 = developing

3 = average

4 = mature

5 = strong

☐ Self-confidence

☐ Respect for others

☐ Emotional stability

☐ Ability to make decisions

☐ Ability to deal with interpersonal problems

☐ Ability to receive criticism

☐ Relationships with others

☐ Ability to motivate others

Please describe any physical limitations the applicant may have, has the applicant had psychiatric treatment? Please comment:

Please comment briefly on the family and social background of the applicant:

To your knowledge, has the applicant ever been arrested for any offence other than minor traffic violations?

Would you recommend the applicant for acceptance to the Beyond Adventure programme, please comment below:

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM TO:

BEYOND ADVENTURE

P O Box 39 Alicedale 6135

E-Mail: baregistrations@myriver.com