



WARRIORS
Academy

Specialists in personal and outdoor pursuit development

Updated April
2019

APPLICATION FOR ADMISSION

Self Awareness - Self-Belief - Self Esteem

Daring - Doing - Understanding

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Parent/guardian :

Witness 1 :

Witness 2 :

APPLICATION FOR ADMISSION

Any one of the following programs must be selected by placing a cross in the relevant box.

Multiple selections for the Quests may be done.

Summer Quest

☐

Autumn Quest.....

☐

Winter Quest

☐

Spring Quest

☐

Full Annual Program

☐

Multi Activity Instructor's Award

☐

(A) APPLICANT'S DETAILS:

SURNAME: PREFERRED NAME:

FULL NAMES: HOME LANGUAGE:

DATE OF BIRTH: ID/PASSPORT NUMBER:

NATIONALITY/COUNTRY: PASSPORT EXPIRY:

PHYSICAL ADDRESS:

..... ZIP/POSTAL CODE:

POSTAL ADDRESS:

..... ZIP/POSTAL CODE:

HOME TELEPHONE NUMBER.....

MOBILE NUMBER:

EMAIL ADDRESS:

EMAIL ADDRESS (2):.....

Parent/guardian :

Witness 1 :

Witness 2 :

(B) EDUCATION:

NAME OF EDUCATIONAL INSTITUTION LAST ATTENDED:

.....

PHYSICAL ADDRESS OF EDUCATIONAL INSTITUTION:

.....

..... ZIP/POSTAL CODE:

CURRENT LEVEL OF EDUCATION:

DETAILS, IF APPLICABLE, OF TERTIARY QUALIFICATIONS:

.....

.....

.....

.....

(C) INSURANCE:

MEDICAL INSURANCE:

MEDICAL INSURANCE SCHEME

MEDICAL INSURANCE NUMBER:

.....

.....

MEDICAL INSURANCE CONTACT NUMBER/S:

.....

BLOOD TYPE:

DETAILS OF PRINCIPLE MEMBER

SURNAME:

INITIALS:

TITLE AND FIRST NAME:

IDENTITY / SOCIAL SECURITY NUMBER:

PHYSICAL ADDRESS:

..... ZIP/POSTAL CODE:

Parent/guardian :

Witness 1 :

Witness 2 :

POSTAL ADDRESS:
..... ZIP/POSTAL CODE:
HOME TELEPHONE NUMBER:
WORK TELEPHONE NUMBER:
MOBILE NUMBER:
EMAIL ADDRESS:

APPLICATION FOR STUDENTS FROM UNITED STATES

REGISTRATION WITH AMERICAN STATE DEPARTMENT:

DATE REGISTERED:..... REFERENCE NUMBER:
MEDICAL EVACUATION POLICY:
.....

TRAVEL AND MEDICAL EVACUATION INSURANCE:

Students form the USA:

Students applying from the USA are required to take out an insurance policy for Emergency Medical Evacuation. Warriors Academy has selected the Policies offered by INext as **mandatory for all students from the USA** and their Brochure is attached for your information. The minimum requirement is as follows:

- 1. Students with no primary insurance in the USA or whose primary insurance policy does not cover travel must have a minimum of the **Basic Comprehensive Plan**.
- 2. Students who already have primary insurance but not for, amongst other costs, medical evacuation must have a minimum of the **Basic Supplemental Plan**

A copy of this policy must be submitted along with this application form in order to gain acceptance into the Warriors Academy program.

All Students:

TRAVEL INSURANCE NUMBER:
.....

TRAVEL INSURANCE CONTACT NUMBER/S:

Parent/guardian :

Witness 1 :

Witness 2 :

INDICATE THE FOLLOWING: (Circle the correct response where appropriate)

Does your travel insurance cover you for full Medical Evacuation?..... YES / NO

Provide details:

.....

.....

.....

.....

Does your Travel insurance provide cover in the event of a State Department warning? YES / NO

Provide details:

.....

.....

.....

(D) DETAILS OF FATHER/GUARDIAN

SURNAME: INITIALS:

TITLE AND FIRST NAME:

IDENTITY / SOCIAL SECURITY NUMBER:

PROFFESION:

PHYSICAL ADDRESS:

..... ZIP/POSTAL CODE:

POSTAL ADDRESS:

..... ZIP/POSTAL CODE:

HOME TELEPHONE NUMBER:

WORK TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

Parent/guardian :

Witness 1 :

Witness 2 :

(E) DETAILS OF MOTHER/GUARDIAN

SURNAME:

INITIALS:

TITLE AND FIRST NAME:

IDENTITY / SOCIAL SECURITY NUMBER:

PROFESSION:

PHYSICAL ADDRESS (IF DIFFERENT FROM FATHERS):

.....

..... ZIP/POSTAL CODE:

POSTAL ADDRESS (IF DIFFERENT FROM FATHERS):

.....

..... ZIP/POSTAL CODE:

HOME TELEPHONE NUMBER(IF DIFFERENT FROM FATHERS):

WORK TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

(F) DETAILS OF PERSON RESPONSIBLE FOR PAYMENT

RELATIONSHIP TO APPLICANT:

SURNAME:

INITIALS:

TITLE AND FIRST NAME:

COMPLETE THE REST OF THIS SECTION ONLY IF DIFFERENT TO THAT OF THE GUARDIANS

IDENTITY / SOCIAL SECURITY NUMBER:

PROFESSION:

PHYSICAL ADDRESS:

.....

..... ZIP/POSTAL CODE:

Parent/guardian :

Witness 1 :

Witness 2 :

POSTAL ADDRESS:

..... ZIP/POSTAL CODE:

HOME TELEPHONE NUMBER:

WORK TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

(G) ID PHOTOGRAPHS

- One ID photograph of the applicant should accompany the application for admission.
- Write your initials, surname and identity/passport number on the back of each photo.
- Staple the ID photograph into the frame below

ID PHOTOGRAPH 1

(H) COMPLETION AND SUBMISSION OF APPLICATION FORM

Checklist prior to submission:

- Check that all pages are completed and signed.
- Full contact details that include country and area code are required.
- Attached documents as per the table below.
- **NOTE:** The application fee is payable with the application form.
- **NOTE:** An enrolment deposit may only be paid with an invoice and an acceptance letter.

Parent/guardian :

Witness 1 :

Witness 2 :

Attach as Annexure	Item/Document	Yes	No	Comments
A	Signed application form by applicant, parent / guardian and witnesses where applicable			
B	1 x ID photo attached			
C	Personal questionnaire completed			
D	Copy of ID			
E	Copy of Passport			
F	Proof of payment attached (application fee)			
G	Warriors medical assessment			
H	Is your country and area code included at all the telephone numbers.			
I	A separate photo of each parent, head & shoulders, A4 size (biological and step parents)			
J	Certified copy of principle members ID/passport (medical insurance)			
K	Copy of INext Insurance policy – USA Students only			

Application Fee

A non-refundable application fee as per cost sheet should accompany the completed application form. Payments can be made via Cheque, Direct deposit, or Electronic Funds Transfer.

e-mail to: rowena@warriors.co.za

Banking Details: (South African applications only.)

(Including Namibia, Zimbabwe, Zambia and Mozambique)

Bank Name: ABSA - Danie Joubert str, Tzaneen, South Africa, 0850
Swift: absazajjcbp
IBAN: ZA 632005
Branch code: 33 43 49
Acc. Name: Warriors Adventure Academy
Acc. type: Cheque
Acc. Number: 4085663025
Reference code: Initials & surname of applicant.

Banking details: (International applications.)

Bank Name: HSBC - 90 Baker street, London, W1U 6AX
IBAN: GB57MIDL40010672583623
BIC: MIDLGB2105F
Sort Code: 400106
Acc. Name: Warriors Skills
Acc. Number: 72583623
Reference code: Initials & surname of applicant

Parent/guardian :

Witness 1 :

Witness 2 :

AGREEMENT

ENTERED INTO BETWEEN:

WARRIORS ADVENTURE ACADEMY CC
represented herein by ROWENA VILJOEN

she being duly authorised hereto by the Members (referred to hereunder as
“WARRIORS”)
and

(full names of participant)

(Identity Number of participant)
duly assisted herein by his/her natural/legal guardian

(full names of participant's Guardian)

(Identity Number of participant's Guardian)
of the following physical address:

(referred to hereunder as the “Applicant” and/or “Participant”)

Parent/guardian :

Witness 1 :

Witness 2 :

1. PREAMBLE

- 1.1 Warriors offers a bridging life skills and coaching program for young people comprising of the activities, excursions, courses and workshops specified in the Warriors Syllabus.
- 1.2 The Applicant has applied to Warriors for participation in the program to be presented in the.....
..... year.
- 1.3 If the application is accepted the terms and conditions embodied in this document will constitute the contract between the parties and will be binding on them.

2. COMMENCEMENT

This contract comes into operation on the date on which Warriors notifies the Participant by letter or e-mail that the Participant's application for admission has been accepted.

3. DUTIES AND COMMITMENT OF WARRIORS

The Warriors shall: -

- 3.1 Provide the Participant with board and lodging for the duration of the program;
- 3.2 Secure the services of suitable instructors and facilitators to present the training modules and excursions included in the syllabus;
- 3.3 Provide transport to convey the Participant to venues where activities incidental to the program take place;
- 3.4 Use its best endeavor to equip the Participant with the life skills referred to in the syllabus and promote the personal growth, maturity and self-confidence of the Participant;
- 3.5 Endeavour to ensure that a minimum of eighty percent of the program schedule is available for the participant.

4. DUTIES AND COMMITMENT OF PARTICIPANT

The Participant shall: -

- 4.1 Apply and commit himself/herself diligently to acquiring the skills and knowledge offered by the training courses and program;
- 4.2 Co-operate fully with Warriors management, the other Participants, instructors and facilitators at all times;
- 4.3 Obey all reasonable instructions from staff, facilitators, instructors and team leaders;
- 4.4 Refrain from anything which is calculated to undermine the morale or sow dissension amongst participants or harm the reputation of Warriors;
- 4.5 Engage with enthusiasm and commitment in the program and make every effort to promote an esprit de corps and team spirit among all Participants;
- 4.6 Obey and follow all the rules of Warriors.

Parent/guardian :

Witness 1 :

Witness 2 :

5. PAYMENT

The Participant shall pay the program fee in the amount and in accordance with the payment plan fully set out and agreed upon by Warriors Academy. Overdue payments will attract interest at the prime overdraft rate as levied from time to time by ABSA Bank Limited or HSBC.

6. EXTRA COSTS

The parties acknowledge the possibility that there may be extra costs including but not confined to –

- 6.1 Personal expenses, optional tours, extra tuition, socials, equipment, damages, special transport or additional courses and workshops;
- 6.2 Emergency expenses such as medical and hospital costs, ambulance or evacuation services or other unforeseen items;

In the case of optional expenses as mentioned in 6.1 above details will be furnished to the participant in advance and if he or she agrees to such item the costs involved will be payable within fourteen (14) days. In the case of emergency expenses as set out in 6.2 the participant and his or her guardian irrevocably authorise Warriors to disburse the amounts required when the need arises and these amounts will be refundable to Warriors on demand.

7. SURETYSHIP

The Participant’s guardian, the said hereby binds himself/herself as the surety and co-principal debtor in solidum with the participant for due and prompt payment of all amounts owing to Warriors in terms of this agreement and for purposes of this Deed of Suretyship hereby renounces the benefits of excussion and division, debatement of accounts and any other legal exceptions which might otherwise have been available to the surety and he/she declares that he/she knows and understands the meaning and full force and effect of such benefits.

8. PROOF OF AMOUNT DUE

The amount of the indebtedness of the participant and surety to Warriors at any time including interest, the rate of interest and the method of calculation thereof shall be determined and conclusively proved by a certificate under the signature of any one member of Warriors Skills CC. It shall not be necessary to prove the appointment or signature of such member. Such certificate will be valid against the Participant and the surety in any competent court for purposes of obtaining summary judgment thereon.

9. PREMATURE WITHDRAWAL

Should the participant voluntarily withdraw before the end of the program he/she will remain liable for payment for the full fees for the program. The Participant will however have the right in deserving cases to make representations to Warriors for a partial refund and such

Parent/guardian :
Witness 1 :
Witness 2 :

representations will be considered on their merits. The decision of whether or not to make any refund will be in the sole and absolute discretion of the Warriors and should they decide to do so it will be on a purely ex gratia basis.

10. EXPULSION

Should the behaviour of the participant during the program be disruptive or such as to undermine the success of the program or prejudice other participants, Warriors will discuss such problems with the participant in a counselling session. If, however this does not have the desired effect and should Warriors be of the opinion that the behaviour or demeanor of the participant is incompatible with the ideals of the program to such an extent that his or her further participation has become intolerable Warriors will be entitled to expel the participant.

Warriors Academy has a strong view on the recreational use of any drugs. This practice is not tolerated by Warriors Academy, and any student engaged in this activity will face a full disciplinary hearing with a strong likelihood of expulsion. Warriors Academy reserves the right to do random drug testing, and should any student test positive for drugs, a disciplinary hearing will be called. In the case of an expulsion from the program, the provisions in clause 9 above regarding payment of the program fees and the possible refund of a portion thereof will apply mutatis mutandis.

11. DAMAGES

Should the participant cause damage to any of the Warriors' assets or property due to wrongful or unlawful conduct he or she will be liable to Warriors to make good the loss.

12. INDEMNITY

Whilst every effort will be made to ensure the safety and well-being of the participants the parties do acknowledge that there is an element of risk in some of the modules and activities which form part of the program. The Participant and his/her legal guardian indemnify Warriors, its members and employees against any claims for loss of property, personal injuries, illness, death or accidents which might occur during the program. The participant and his/her guardian acknowledge that he or she shall participate in all curriculum activities at his/her own risk.

13. SYLLABUS CHANGES

Warriors reserves the right to change the program schedule or the facilitators as deemed necessary to ensure the maximum value to the program and the participants. The parties acknowledge that the program schedule, courses and workshops are subject to availability, weather and time constraints.

Parent/guardian :

Witness 1 :

Witness 2 :

14. SOUND RECORDINGS, VIDEO AND PHOTOGRAPHIC MATERIAL

The participant and his/her parents or guardian hereby consent to the use by Warriors for promotional purposes of sound recordings, video and photographic material of the participant depicting his/her activities during the course and he/she will have no claim against Warriors arising from the use of such material.

APPLICANT

DATED at _____ on the _____ day of _____.

AS WITNESSES

1. _____ 2. _____

PARTICIPANT

(Duly assisted by his/her guardian)

LEGAL GUARDIAN

DATED at _____ on the _____ day of _____.

AS WITNESSES

1. _____ 2. _____

LEGAL GUARDIAN

(as Surety in terms of clause 7)

WARRIORS ADVENTURE ACADEMY

DATED at _____ on the _____ day of _____.

AS WITNESSES

1. _____

2. _____

WARRIORS ADVENTURE ACADEMY CC

Parent/guardian :

Witness 1 :

Witness 2 :

WARRIOR PERSONAL QUESTIONNAIRE

To be completed by the applicant.

The questionnaire is used to establish a personal foundation from where the program can commence.

- Answer questions as complete as possible
- Answer questions on a separate paper
- Completed questionnaire must accompany application form

A. Personal Information

1. List all your current hobbies.
2. List all the sport that you participate in or would like to participate in.
3. List the names of the people you live with and their relationship to you.
4. Briefly describe your religious views and practices, both past and current.
5. Briefly describe your educational background and your feelings about it.
6. What is your present state of health and your current fitness level?
7. Identify any health problems and their current status and list any allergies.
8. Provide information regarding any special dietary / allergy requirements. List all drugs (prescription and other) you are taking or have taken in the past 6 months.
9. Provide information regarding any disabilities. (if any).
10. Provide information regarding a history usage of any drugs, alcohol or other substance.
11. Can you swim? If yes, give us an indication of whether or not you would be able to swim a mile.

B. Self-evaluation

1. What do you like?
2. List the person, situations or activities you enjoy most.
3. What don't you like?
4. Describe your physical appearance and how you feel about it?
5. What would a person who knows you say, if asked to describe your bad points?
6. What would they say your good points are?

C. Objectives

1. Describe in detail, your ultimate DREAM or VISION for your life?
2. How would you like to be!
3. How would your relationships be!
4. Who and what kind of a person do you want to be!
5. What personal qualities or ways of behaviour would you need to develop more fully?
6. What is it that you still want to do?
7. What are your objectives for participating in the Warriors program?
8. Anything else that you would like to add?
9. If at the end of your life you had an opportunity to evaluate it, how would your life have been for you to feel satisfied and complete?

D. Other

1. Which other activities or courses would you like to see added to the "Warriors program"?
2. What activities, workshops or courses do you not feel comfortable with and why not?
3. Is there anything else that we need to know or that you feel you need to share with us?

Parent/guardian :

Witness 1 :

Witness 2 :



Contact us

Bookings

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