

# Behaviour Enrichment Club 2017



## What is the BEClub?

Behaviour Enrichment Club is a

programme to enrich the lives of our Zoo animals. It is aimed at **Grade 8 - 12 learners**. The club focuses on the welfare of the Zoo animals. You will have the chance to learn what being a Zoo-keeper is all about.

- The **membership fee for 1 year is R550-00**, which includes a Club T-shirt!
- The Club activities happen one Saturday a month from 9:00 to 14: 00.
- The first visit is free so that you can see if you do like it. However, to receive your T-shirt, you need to pay the annual fee.

### Banking Details:

Standard Bank

Branch #: 000-205

Account Name: Johannesburg City Parks

Acc #: 000 197 122

Ref: [Youth club & name]

*Please fax or email the deposit slip to*

*011 486-0244 or [themba.nxumalo@jhbzoo.org.za](mailto:themba.nxumalo@jhbzoo.org.za)*

# 2017

### **Dates:**

*14 January*

*11 February*

*11 March*

*08 April*

*13 May*

*10 June*

*08 July*

*12 August*

*09 September*

*14 October*

*11 November*

*Year End Party*

**09 December 2017**

## INDEMNITY AGREEMENT

### APPLICABLE TO ASSISTANTS AND STUDENTS UNDER THE AGE OF 21

I, the undersigned

\_\_\_\_\_

duly assisted by my parent/guardian, namely \_\_\_\_\_

\_\_\_\_\_

do hereby indemnify and absolve the Johannesburg City Parks and Zoo or any of its employees, agents or mandataries in respect of any injury, damage or losses arising from any cause whatsoever, including the negligence of the Johannesburg Zoo, its employees, agents and mandataries, nothing at all excepted which I may sustain or suffer whilst undertaking such work in said institution.

I also indemnify the Johannesburg City Parks and Zoo or any of its employees, agents or mandataries against all claims for losses, injuries or damage which any other party may sustain as a result of, or in any way connected with or arising out of any work allocated and/or performed by me.

I further indemnify the Johannesburg City Parks and Zoo or any of its employees, agents or mandataries in respect of all legal and other expenses which may be incurred by them in examining, resisting or settling any such claims.

Dated at Johannesburg on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Assistant/Student

\_\_\_\_\_  
Witness 1

\_\_\_\_\_  
Witness 2

## REGISTRATION FORM

Child's full name/s : \_\_\_\_\_

Current age and grade: \_\_\_\_\_

Parents full names: \_\_\_\_\_

Emergency Cell Number/s: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Email or fax number: \_\_\_\_\_

Child's Allergies/ Medical Conditions: \_\_\_\_\_

Medical Aid and number: \_\_\_\_\_

Payment date: \_\_\_\_\_

**Please ensure that all details are completed. Correspondence will be sent via email or sms.**

**Please complete both sides...**

