

# Enrolment Form

Please print

C	HILD'S DETAILS	
Name a	nd Surname	Boy Oirl O
School		Class / Teacher
Date of	Birth	
P	ARENTS DETAIL	5
Mother	Name & Surname	Responsible for account (Y) (N)
	Tel (h)	Cell
	Tel (w) E-mail	ID No
Father	Name & Surname	Responsible for account (Y) (N)
	Tel (h)	Cell
	Tel (w)	ID No
	E-mail	
G	ENERAL DETAIL	3
Physical	Address	
Postal A		
	MEDICAL INFORM	ATION
Allergies		
Is there	anything else you think we	e should know? (e.g.grommets, eileptic fits, lack of confidence, physical disabilities):
	d's swimming capability: s swim school/s	Beginner Swim with swim aid Stroke development
Terms & Conditions Please read carefully and sign below!  The conditions of the cond	counts are strictly payable in advantly you will be liable for all fees. No CAS or loss. Cheques can be made out to count is handed over for collections, all you miss two weeks of lessons without it will fill it up if there is someone else lose calendar month's written notice must he year. If you fail to give the necess not be accepted as a cancellation more is no reduction in swimming fees in the isons run strictly according to lesson to specified time. Pupils must wait by the second specified time.	notifying us and the fees are not paid within the first two weeks of the term, we cannot keep the place oking for a slot. However you will be liable for the fees and we will book you into another time slot. It be given when classes are stopped, <b>No verbal or sms</b> will be accepted as notice. <b>Even at the end</b> ary notice, you will be liable for the account until such notice has been received. December month

I, the undersigned, agree to be responsible and make payment of services rendered by SWIMRITE. I agree to give one calendar month's paid notice. I accept the terms and conditions as indicated in this leaflet.

Signature	Date	
→ Preferred payment method:	Per month Per term	·





## INDEMNITY FORM

#### PLEASE READ CAREFULLY AND SIGN BELOW!

			addessa\		
	(coll) in	10 00 00 00 00 00		as parent/guardian (delete which is not applicable) o	
the miner child and				(name of minor child, if applicable) hereby	
acknowledge and agr				(name or minor child, if applicable) hereby	
I fully understand that vigorous physical ac applicable) physical c	it the programmes tivity and hereby ondition and health lbeing. Should I/m	represent and permits me/t y child feel ur	d confirm that I/the afor nim/her to fully participate well shortly before or de	VIMMING PROGRAMME (SWIMRITE) require rementioned minor child's (delete which is not in the programme and exercises without undue uring the lesson I undertake full responsibility of	
advised of the potent injuries, health disor	ial dangers incide ders and even po	ntal to engag essible death	ing in swimming activiti	ot applicable) to have been fully and completely es, which include, but are not limited to, bodily capacity/parent/guardian (delete which is no ose risks.	
	gramme if the SW	IMRITE SWIN		nme. I/the minor child will not be accepted for nows of any reason why my/his/her participation	
	ent of an accident,			emergency medical assistance which they deem I necessary and reasonable medical expenses	
the minor child, my/or the <b>SWIMRITE</b> SWIM employees and/or ins	ur executors, my/o IMING PROGRAM urers, from any an	ur heirs, my/o IME and/or d all claims, d	our assigns and success Salomé Meiring ar emands, liability, loss or	(delete which is not applicable), and on behalf of fors in title, hereby indemnify and hold harmless id/or any of SWIMRITE's representatives and/or damage from any cause, which I/the minor child VIMMING PROGRAMME.	
l confirm that I am fully into this agreement or			es of signing this docume	ent and declare that I am duly authorised to enter	
Signed at	this	day of _	20		
(Printed Name of Witness)			(Printed Name of Guar	rdian)	
(Signature of Witness)			(Signature of Guardian)		





### INDEMNITY FORM FOR TRANSPORTATION OF CHILDREN

#### PLEASE READ CAREFULLY AND SIGN BELOW!

I, the undersigned		, of				
	(ph	ysical address),		(home telephone number),		
-	(cell) in my cap	acity as parent/guar	dian (delete which	is not applicable) of the minor child		
and on behalf of		2 80 -2 50	(name of minor child) hereby acknowledge a			
agree:						
on behalf of the minor indemnify and hold harm of <b>SWIMRITE</b> 's represer	child, my/our en eless the <b>SWIM</b> ntatives and/or se, which I/the	executors, my/our he RITE SWIMMING PR employees and/or in- minor child may suffe	eirs, my/our assig ROGRAMME and/ surers, from any a	(delete which is not applicable), and gns and successors in title, hereby or Salomé Meiring and/or any nd all claims, demands, liability, loss of the minor child's participation in the		
	enue by a SWI			ed by <b>SWIMRITE</b> to and from the h representative/employee will be in		
I confirm that I am fully authorised to enter into the				ocument and declare that I am duly		
Signed at	this	day of	20			
(Printed Name of Witness)		(Printed Na	(Printed Name of Guardian)			
(Signature of Witness)		(Signature	(Signature of Guardian)			