



Registration Randfontein



(<https://www.facebook.com/SwimkidzSARandfontein>)

Email: randfontein@swimkidzsa.co.za

Website: www.swimkidzsa.co.za

Last Revision – 17.03.2018
120 Greenhills Avenue
Randfontein, 1767
Fax2Mail: 086 206 7091
Cell: 081 488 5986

SECTION 1: GENERAL INFORMATION

WHERE DID YOUR HEAR ABOUT SWIMKIDZ SA? Mark with X						
Facebook	Printed Advertising	Word of Mouth	Website	Other	Other, please specify:	

Registration Fee: R200 per swimmer (Includes swim cap)
(Re-registration fee is charged annually in January)

- Group 1 (Mondays, Wednesdays)**
R1200 per semester* (Jan – Mar / Apr – Jun / Jul – Sep / Oct – Dec)
- Group 2 (Tuesdays, Thursdays)**
R1260 per semester* (Jan – Mar / Apr – Jun / Jul – Sep / Oct – Dec)
- Group 3 (Saturdays Only)**
R900 per semester* (Jan – Mar / Apr – Jun / Jul – Sep / Oct – Dec)
- Group 4 (Once a week)**
R600 per semester* (Jan – Mar / Apr – Jun / Jul – Sep / Oct – Dec)

Prices are subjected to change

A percentage of your monthly fee will be donated to the Save-a-life Project (More info on www.swimkidzsa.co.za)

All lessons will be approximately 30 minutes – please ensure to arrive at least 5 minutes before lesson starts

We are CLOSED on Sundays, Public Holidays and School Holidays

*Monthly fees will be dependent on the number of lessons according to Swimkidz Calendar – **NOT** number of lessons attended*

For Office Use

Date of First lesson: _____
Group: _____ Time: _____
Student No: _____ Mail send: YES/NO
Swim Cap: _____
Registration on Swimkidz SA System: _____
Outlook: _____
Registration on Excel Fin: _____
Registration on Excel B/I: _____
Communications List: _____
Evaluation Form issued: _____
Account Created: _____

BANK DETAILS

Swimkidz SA Randfontein – Standard Bank, Keywest – 015841 – 021 493 553 – REFERENCE: CHILD NAME & SURNAME – FAX PROOF: 086 206 7091

SECTION 2: STUDENT PROFILE

Please note that Swimkidz SA's main communication is via e-mail. Therefore, all information is compulsory and confidential.

Email address:				Cell number for SMS communication:				
<i>It is the responsibility of the client to inform Swimkidz SA of any changes in their personal details – e.g. E-mail/Phone/ Addresses</i>								
SWIMMERS DETAILS								
First name				Surname			Female	Male
Date of Birth dd/mm/yyyy				Age				
Parent/Guardian								
Address				Telephone no.				
				Cell no.				
Emergency contact information <i>(Someone who will not be present at lessons; that can be contacted in case of an emergency)</i>								
Contact Name				Relationship				
Telephone no.				Cell no.				

SECTION 3: MEDICAL INFORMATION

Does your child have or ever had any of the following conditions:

	Yes	No		Yes	No		Yes	No
Asthma			Bleeding or blood disorders			Diabetes		
Severe allergies			Frequent Colds			Heart disease		
Spinal injuries			Any form of lung disease			Recurrent ear problems		
Ear disease or surgery			Behavioral health problems			Spectacles or contact lenses		
Grommets			Epilepsy or seizures			Any near drowning experience		

Does your child suffer from any other medical conditions which should be brought to our attention? Please supply further information in the space below:

Detailed description of any previous near drowning experiences:

SECTION 4: IMPORTANT INFORMATION

Please note that Swimkidz SA will be closed during the Provincial School Holidays as well as on Public Holidays.

Monthly fees are payable in FULL, regardless of whether you attend all your scheduled lessons.

No discount will apply for booked lessons that were missed during any given month.

Lessons missed due to serious illness (with Doctor's note) can be re-scheduled for another day of the week - dependent on the availability of an opening on the schedule.

We have an indoor heated pool, so lessons will proceed during winter / bad weather conditions. Lessons will not be re-scheduled if you choose not to attend.

SECTION 5: RULES

GENERAL:

1. It is the parent's responsibility to inform Swimkidz SA of any change in the swimmers medical condition.
2. Please report any positive or negative experiences related by your child, whether physical or emotional to management.
3. Swim caps and/or swim nappies (Todswim) are compulsory at all times, due to hygienic reasons. No children will be allowed to swim without a swim cap and/or nappy (Todswim).
4. NO toys, water wings, swim goggles or personal floatation devices are allowed.
5. We accept no responsibility for loss of or damage to property whatsoever.
6. All personal items must be marked clearly.

LESSONS:

7. Lessons not attended by swimmers will be forfeited; however, lessons cancelled by Swimkidz SA will be re-scheduled. If a swimmer misses a lesson due to serious medical conditions (For example, Bone Fractures, childhood illness, operations); this lesson(s) will be caught up in a time that is suitable for both parties. This depends on a legal doctor's letter. No lessons will be caught up for excursions or extracurricular activities at schools that is planned during a child's scheduled swimming time. The swim instructor will still be available to do these lessons; the parent must decide what activity the child wants to attend.
8. Swimmers who fail to attend lessons for a period of three weeks without notice will forfeit their time slot.
9. Swimmers who are more than 15 minutes late for a lesson will forfeit the lesson.
10. Parents must refrain from interfering with lessons as children are easily distracted and regaining concentration, once lost, is difficult.

PAYMENTS:

11. Payments can be made via EFT, cash or debit order (Debit Order form can be requested from management).
12. **Monthly fees are strictly payable in advance.**
13. Late payments or payments referred to drawer will be subject to an administration fee; This fee will be determined by management from time to time.
14. Accounts outstanding for 30 days and more will be handed over to Swimkidz SA's attorneys for collecting.
15. In case of resignation from enrolment, parents are required to tender written notice **one calendar month in advance**. (Notice before the 15th of every month will be for the current month, notice after the 15th of every month will only be for the following month-Thus you will still be liable for the following months fee).

SECTION 6: SWIMKIDZ SA ASSUMPTION OF RISK AND LIABILITY – RELEASE AGREEMENT

Please read carefully and complete, before signing.

I, _____ parent/guardian of _____, participant, hereby affirm that I am aware of and understand there are inherent hazards associated with all in water activities which may result in serious injury or death.

For Todswim - I hereby fully understand that my child/children may be at a higher risk of contracting any childhood illnesses due to irregular vaccination.

I understand there are certain risks associated with aquatic activities conducted in and around a swimming pool, and I expressly assume the risk of said injuries.

I understand and agree that neither the instructors conducting these activities, the facility through which this activity is conducted, nor SWIMKIDZ SA, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to my child, me, my family, our heirs or assigns that may occur as a result of my child's participation in this activity. I further understand that swimming is a physically strenuous activity and that my child will be exerting him/herself during this activity and that if my child is injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries to my child. I affirm that I will not hold the above listed individuals or companies responsible for the same. In consideration of my child be allowed to participate in this activity I hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall my child while participating in the activity, including all risks connected therewith, whether foreseen or unforeseen.

I further release and hold harmless said activity and the Released Parties from any claim or lawsuit by my child, me, or my family, our estate, heirs or assigns, arising out of my child's participation in this activity. We understand that this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect. I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement and as the parent/guardian is providing written consent for the participation of my child.

I understand that the terms herein are contractual and not a mere recital and that I have signed this Release of my own free act.

I PARENT/GUARDIAN, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE INSTRUCTORS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, SWIMKIDZ SA AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED.

THE INFORMATION I HAVE PROVIDED ABOUT REGARDS MEDICAL HISTORY OF MY CHILD IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO ACCEPT RESPONSIBILITY FOR OMISSIONS REGARDING MY FAILURE TO DISCLOSE ANY EXISTING OR PAST HEALTH CONDITIONS.

I FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

HEREBY I AGREE THAT I FULLY UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS SET OUT IN THIS DOCUMENT (Section 1 to 6) AND THAT ALL DETAILS ARE ACCURATE.

Signature of parent/guardian

Date

TRANSPORT INDEMNITY FORM (for transport users only)

I, _____ parent/guardian of _____, hereby give permission that my child may make use of the transport service provided for swimming lessons. I herewith indemnify Swimkidz SA (as well as any other subcontractor which Swimkidz SA may make use of from time to time) of any claim that might occur for any losses, injuries, death or any other occurrence which may result from transporting my child to and from swimming lessons.

Signature of parent/guardian

Date