



Registration



(<https://www.facebook.com/pages/Swimkidz-SA/620421238059626>)

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Head Office

34 Beefwood Road

Vanderbijlpark

Cell: 084 413 0301

Email: admin@swimkidzsa.co.za

Website: www.swimkidzsa.co.za

SECTION 1: GENERAL INFORMATION

PLEASE SELECT YOUR FRANCHISE:

Registration Fee: R200 per child / adult once off (Includes swim cap/nappy)

Group 1 (Mondays, Wednesdays)
R480 payable monthly (R1440 per term)
(30 minute lessons)

Group 2 (Tuesdays, Thursdays)
R480 payable monthly (R1440 per term)
(30 minute lessons)

Group 3 (Fridays) – (When Available)
R320 payable monthly (R960 per term)
Babies from 6 Months - kids under 3 (30 minute lessons)
R480 payable monthly (R1440 per term)
Kids older than 3 & adults (1 hour lessons)

Group 4 (Saturdays) – (When Available)
R320 payable monthly (R960 per term)
Babies from 6 Months - kids under 3 (30 minute lessons)
R480 payable monthly (R1440 per term)
Kids older than 3 & adults (1 hour lessons)
Prices are subjected to change

FOR OFFICE USE ONLY

Date of first lesson: _____ Time: _____

Student Nr: _____ Group: _____

Register on Swimkidz SA System: _____

Outlook: _____ On Cell: _____ Mail Send: YES / NO

Eval. Form Issued: _____ Swim Cap/Nappy: _____

Registration on Excel Fin: _____

Registration on Excel B/I: _____

Registration on B/I: _____

Registration on SAL: _____

BANK DETAILS

SWIMKIDZ SA – ABSA, SASOLBURG – 335036 – CHEQUE ACCOUNT – 4074085608 - REFERENCE: CHILD NAME & SURNAME, FAX PROOF: 086 571 9915

SECTION 2: STUDENT PROFILE

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

It is the responsibility of the client to inform Swimbabies SA of any changes in their personal details – e.g. E-mail/Phone/ Addresses

Email address(Print Please):		Cell number for SMS communication:		
Date of commencement:		School/Pre-School that your child attend:		Class:
20 <i>yy/mm/dd</i>				
First name		Surname		Female Male
Date of Birth <i>yyyy/mm/dd</i>		Age		
Parent/Guardian				
Address	Telephone no.			
	Cell no.			
Emergency contact information				
Contact Name		Relationship		
Telephone no.		Cell no.		

SECTION 3: MEDICAL INFORMATION

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

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

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: BUS INDEMNITY FORM (for bus users only)

I, _____ parent/guardian of _____, hereby give permission that my child may make use of the bus service provided for swimming lessons. I herewith indemnify Swimbabies SA (as well as any other subcontractor which Swimbabies 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

SECTION 5: DEBIT ORDER FORM - PAYMENT INSTRUCTIONS (Compulsory: No EFT, No Cash)

To:	Swimbabiez SA, Head Office
ACCOUNT HOLDER INFO: Name and Surname	
Postal Address:	
* ID Number (Compulsory field)	

BANK ACCOUNT DETAILS

Bank Name		Branch Name & Town	
Branch Number		Acc Number	
Type of Account:	Current (Cheque) Savings Transmission		

* ATTACH COPY OF ID

Swim Fee	R	p/m	
Bus Fee	R	p/m	IF APPLICABLE:
Save a Life Campaign MONTHLY DONATION	R 5 - 00		(This is optional, please mark with <input checked="" type="checkbox"/> for no or <input type="checkbox"/> for yes) * terms & conditions for Save A Life Campaign is on www.swimkidzsa.co.za
TOTAL OF D/O	R	p/m	

DATE OF MONTHLY D/O	We agree that the first payment instruction will be issued and delivered on or after. (mark with "X")				
	1st	7th	15th	23rd	Last day

- 1 I/We hereby authorize you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will never exceed my our obligations as agreed to in the Agreement.
- 2 The individual payment instructions so authorized to be issued must be issued and delivered monthly on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due. The reference for this deduction will be as follows: **Swimkidz SA/franchise, first 3 letters of surname & number. For example; SK/SHBOO01.**
- 3 Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than one month in advance and sent by email or fax to Swimbabiez SA.
- 4 This agreement entitles Swimbabiez SA to revise the amount with the yearly increase. This information will be communicated well in advance and in writing.

MANDATE:

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

CANCELLATION:

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you. **NO RESIGNATIONS ARE ACCEPTED IN NOVEMBER MONTHS.**

ASSIGNMENT:

I/we acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

ACKNOWLEDGEMENT:

As the account holder, I hereby acknowledge responsibility for the payment of an additional amount as determined by Swimbabiez SA bank from time to time, should direct debit payment be referred for any reason whatsoever.

SECTION 6: IMPORTANT INFORMATION

Swimbabiez SA undertakes to offer all the lessons as stated on your yearly calendar, thus you are still liable to pay the normal monthly fees in 12 x equal payments. Date of enrollment doesn't apply.

Most families go on vacation during School holidays and for this reason we are closed during this time. THIS MEANS THAT NO RESIGNATIONS ARE ACCEPTED IN NOVEMBER MONTHS.

SECTION 7: RULES

GENERAL:-

1. It's the parent's responsibility to inform Swimbabiez SA of any change in your child's 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 (Tods/Baby swim) are compulsory at all times, due to hygienic reasons. No children will be allowed to swim without a swim cap and/or nappy (Tods/Baby swim).
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 which are not attended by swimmers will be forfeited; however, lessons which are cancelled by the academy will be credited to swimmers. If a swimmer miss a lesson due to serious medical conditions (For example, Bone Fractures, childhood illness, operations). This lesson will be caught up in a time that is suitable for the swim instructor. 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 must be made by debit order. **No other methods of payment will be accepted. Fees are payable strictly monthly in advance.**
12. 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.
13. Accounts outstanding for 30 days and more will be handed over to Swimbabiez SA's attorneys for collecting
14. 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 8: SWIMBABIEZ SA ASSUMPTION OF RISK AND LIABILITY – RELEASE AGREEMENT

Please read carefully and fill in, 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 Tods/Baby swim I hereby fully understand that my child/children maybe 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 SWIMBABIEZ 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, SWIMBABIEZ 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 HAVE 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 8) AND THAT ALL DETAIL ARE ACCURATE.

PS: Please download your copy of Section 5, 6, 7, 8 on our website at the registration tab, www.swimkidzsa.co.za.

Signature of parent/guardian	Date
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