



SECTION 1: GENERAL INFORMATION

WHERE DID YOUR HEAR ABOUT SWIMKIDZ SA? Mark with X

Google	Printed Advertising	Word of Mouth	Facebook	Other	Other, please specify:
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Registration Fee: R240 per swimmer (Includes swim cap)

(Re-registration fee is charged annually in January)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Mon	R 160,00	R 320,00	R 240,00	R 160,00	R 320,00	R 160,00	R 240,00	R 320,00	R 160,00	R 320,00	R 400,00	R -
Tue	R 160,00	R 320,00	R 320,00	R 320,00	R 320,00	R 160,00	R 320,00	R 320,00	R 320,00	R 320,00	R 320,00	R 80,00
Wed	R 240,00	R 320,00	R 240,00	R 400,00	R 320,00	R 160,00	R 320,00	R 320,00	R 320,00	R 320,00	R 320,00	R 80,00
Thu	R 240,00	R 320,00	R 240,00	R 400,00	R 320,00	R 160,00	R 320,00	R 320,00	R 240,00	R 400,00	R 320,00	R -
Fri	R 240,00	R 320,00	R 240,00	R 240,00	R 320,00	R 160,00	R 320,00	R 320,00	R 240,00	R 400,00	R 320,00	R -
Sat	R 240,00	R 600,00	R 240,00	R 360,00	R 480,00	R 120,00	R 360,00	R 480,00	R 240,00	R 600,00	R 480,00	R -

For Office Use

Start Date: _____

Group: _____

Time: _____

Swim Cap: ____ Welcome: YES/NO

Outlook: _____

Finance Sheet: _____

Contact Lists: (W) ____ (E) ____

Evaluation Form Issued: _____

Account Created: _____

Choose your Option:

Once a Week
(Mon to Friday)

Twice a Week
(Mon & Wed OR Tue & Thu)

Weekends
(Saturdays Only)

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 be dressed and ready at least 5 minutes before lesson starts

*We are **CLOSED** on Sundays, Public Holidays and School Holidays with the exception of holiday classes arranged by Swimkidz SA*

BANK DETAILS

Swimkidz SA Randfontein – Standard Bank, Keywest – Acc No: 021 493 553 – Branch Code – 051001 – REFERENCE: SWIMMER'S NAME & SURNAME

SECTION 2: STUDENT PROFILE

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

It is the responsibility of the client to inform Swimkidz SA of any changes of contact information

SWIMMERS DETAILS				
First name			Surname	Female <input type="checkbox"/> Male <input type="checkbox"/>
Date of Birth <i>(example - 1 January 1901)</i>			Age	
Email address(es) <i>(Choose appropriate emails; each email address should receive)</i>			This email address should receive:	
1)			ACCOUNT: Yes / No	NEWS: Yes / No
2)			ACCOUNT: Yes / No	NEWS: Yes / No
Parent / Guardian <i>(for minors)</i> <i>(Name & Surname)</i>				
Address	Contact No <i>Name / Number</i>	1)	/	
		2)	/	
	Whatsapp No <i>Name / Number</i>	1)	/	
		2)	/	
Emergency contact information <i>(Someone who will not be present at lessons; that can be contacted in case of an emergency)</i>				
Name:		Relationship:		Contact 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**		

Please supply further information below on any other medical condition that should be brought to our attention

Detailed description of any previous near drowning experience

SECTION 4: IMPORTANT INFORMATION

Please note that Swimkidz SA is closed during Government School Holidays and Public Holidays. Holiday lessons will be communicated and charged for separately. 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 (MUST submit Doctor's note); will be re-scheduled on specific days set aside for catch-up lessons – refer to Swimkidz calendar. 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 – where applicable - swim nappies (for Todswim) are compulsory at all times, due to hygienic reasons. No children will be allowed to swim without a swim cap and swim nappy (where applicable).
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); these lesson(s) will be re-scheduled on specific days set aside for catch-up lessons – refer to Swimkidz calendar. A legal Dr's note MUST be submitted. 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; however, the monthly fee will still need to be paid.
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 credit card or debit order (Debit Order form can be requested from the office). Please **DO NOT** deposit at ATM or at a branch.
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 on an annual basis.
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 PROVIDED ABOUT 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