

VDBP SE3 <input type="checkbox"/> R530 per month R220 Bus Fees p/m	VDBP TJOKKERLAND <input type="checkbox"/> (Tjokkerland 1) R460 per month R250 Bus Fees p/m	SASOLBURG <input type="checkbox"/> (Heidi Pre-primary School) R460 per month	MEYERTON <input type="checkbox"/> (Global Fitness Gym) R460 per month R200 Bus Fees p/m	WATER AEROBIC <input type="checkbox"/> <input type="checkbox"/> SE3 (Mon & Wed) <input type="checkbox"/> MEYERTON (Tue & Thurs) R350 per month
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Once off registration fee – R250 (includes swim cap/swim nappy) collect @ 1st swim lesson

Group 1 <input type="checkbox"/> (Mondays & Wednesdays) 2 x 30 minute lessons a week	Group 2 <input type="checkbox"/> (Tuesdays & Thursdays) 2 x 30 minute lessons a week	Group 3 <input type="checkbox"/> (Fridays) 1 x lesson a week	Group 4 <input type="checkbox"/> (Saturdays) 1 x lesson a week
RECEIVED TIME SLOT <input type="checkbox"/> Time that has been given:	REQUEST A TIME SLOT <input type="checkbox"/> You will be contacted		

SWIMMER DETAILS SECTION 1

Full Name: _____ Surname: _____

Date of Birth: *yyyy / mm / dd* Current Age: _____ Male Female

School: _____ Class: _____

Previously attended swimming lessons: Yes No

Swimming ability: Beginner Water Confident Stroke Development

Detailed description of any near drowning experiences? _____

MEDICAL INFORMATION SECTION 2

Does the Swimmer suffer from any physical / mental condition or any medical problem? YES NO

If YES, please indicate the condition: _____

IT IS THE PARENT'S RESPONSIBILITY TO INFORM SWIMKIDZ SA OF ANY CHANGE IN YOUR CHILD'S MEDICAL CONDITION

CONTACT DETAILS – (required if swimmer's a minor) SECTION 3

1 x Email address for communication: _____ Cell Nr for WhatsApp & SMS communication: _____

Mother Full Name: _____ Surname: _____

Email address: _____

Mobile Nr: _____ Work Nr: _____ Home Nr: _____

Father Full Name: _____ Surname: _____

Email address: _____

Mobile Nr: _____ Work Nr: _____ Home Nr: _____

PERSON RESPONSIBLE FOR THE ACCOUNT SECTION 4

ID NUMBER: (please send ID copy with this form) NOT CERTIFIED

Email address: _____ Mobile: _____

DEBIT ORDER DETAILS - PAYMENT INSTRUCTION - COMPULSORY SECTION 5

NO EFT'S ACCEPTED ON MONTHLY BASIS – ONLY 1ST MONTH EFT WILL BE ACCEPTED (OR IF WE CANNOT LOAD YOUR DEBIT ORDER IN TIME FOR THE FIRST TIME)

SWIMKIDZ SA – ABSA SASOLBURG – 632005 – CHEQUE ACCOUNT – 407 408 5608 - REFERENCE: CHILD NAME & SURNAME, EMAIL PROOF TO
 accounts@swimkidzsa.co.za

TO: SWIMKIDZ SA, HEAD OFFICE	
Account Holder Name & Surname: _____	
Bank Name: _____	Branch Name & Town: _____
Account Number: _____	Branch Code: _____
Type of Account: <input type="checkbox"/> CHEQUE <input type="checkbox"/> SAVINGS	
DEBIT ORDER DATE – PLEASE NOTIFY US VIA EMAIL IF YOU WANT TO CHANGE THE DATE	1 ST <input type="checkbox"/> 7 TH <input type="checkbox"/> 25 TH <input type="checkbox"/> LAST DAY <input type="checkbox"/>
Swim Fee	R _____ Per month
Bus Fee	R _____ Per month
Save a Life Campaign monthly donation	R _____ Per month <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Any amount that you you can donate monthly – Thank you)</i>
TOTAL AMOUNT OF DEBIT ORDER	R _____ Per month
Account Holder's Signature: _____	Date: _____

DEBIT ORDER AUTHORIZATION**SECTION 6**

- 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 a payment instructions will never exceed my/our obligations as agreed to in the Agreement.
- 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/SHBOT001.
- 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 Swimkidz SA.
- This agreement entitles Swimkidz SA to revise the amount with the yearly increase. Thus, information will be communicated well in advance and in writing.

LATE PAYEMENTS:

- Payments must be made by debit order. No other methods of payment will be accepted. Fees are payable strictly monthly in advance.
- 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.
- Accounts outstanding for 30 days and more will be handed over to Swimkidz SA's attorneys for collection.

TERMINATION OF LESSONS:

- In case of resignation from enrolment, request a cancelation form via email, complete and send back to the office admin@swimkidzsa.co.za in order for us to cancel the lessons and the debit order. (Notice before the 15th of a month will be for the current month, notice after the 15th of a month will only be for the following month-Thus you will still be liable to pay for the following months fee). We do not see November as Notice month.

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.

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.

SIGNATURE OF ACCOUNT HOLDER:	
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LESSONS PAYABLE PER MONTH**SECTION 7**

Swimkidz SA undertake to offer all the lessons as stated on our year calendar, thus you are still liable to pay the normal monthly fees in 12x equal payments. Date of enrolment does not apply. Most families go on vacation during School holidays and for this reason we are closed during this time.

POOL ETIQUETTE**SECTION 8**

- Please report any positive or negative experiences related to your child, whether physical or emotional to management.
- Swim caps and/or swim nappies (Tods/Baby swim) are always compulsory, due to hygienic reasons. NO children will be allowed to swim without a swim cap and/or swim nappy (Tods/Baby swim).
- NO toys, water wings, swim goggles or personal floatation devices are allowed. (Swim goggles only allowed from Bronze level and up)
- We accept NO responsibility for loss of or damage to property whatsoever. All personal items must be marked clearly.
- Parents must refrain from interfering with lessons as children are easily distracted and regaining concentration, once lost, is difficult. We have waiting areas and chill zones allocated for parents.

LESSONS MISSED:

- Lessons which are not attended by swimmers will be forfeited; however, lessons which are cancelled by Swimkidz SA will be caught up.
- If a swimmer misses a lesson due to serious medical conditions (For example, bone fractures, childhood illness or operations), this lesson will be caught up in a time that is suitable for the swim instructor. This will only happen if we receive a doctor's letter within a week after diagnosis.
- 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 must attend.
- Swimmers who fail to attend lessons for a period of 3 weeks with notice will forfeit their time slot.
- Swimmers who are more than 15 minutes late for a lesson will forfeit the lesson.

SWIMKIDZ SA ASSUMPTION OF RISK AND LIABILITY – RELEASE AGREEMENT**SECTION 9**

Whilst every care is taken to ensure your or your child's safety, Swimkidz SA or employees shall not be held liable for any loss or damage to property or injury to any person or child participating in swimming lessons, or whilst on the property, directly or indirectly.

I, _____ parent/guardian _____, 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 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 authorize Swimkidz SA to make use of any photos taken for advertising and marketing purposes:

SIGNATURE PARENT:	
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This form contains terms, conditions and indemnity as an additional sheet and forms a binding contract once signed. I/we acknowledge that we have read and consent to the same and warrant that the information set out above is correct. Hereby I agree that I fully understand and accept the terms and conditions set out in this document (Section 1 to 9) and that all detail is accurate.

Date: _____ Mother (Guardian) Signature: _____ Father (Guardian) Signature: _____

BUS INDEMNITY FOR BUS USE ONLY – PLEASE SEND BIRTH CERTIFICATE WITH THIS FORM**SECTION 10**

I, _____ parent/guardian _____, hereby give permission that my child may make use of the bus 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 PARENT:	
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WHERE DID YOU HEAR ABOUT US?

FACEBOOK		GOOGLE		WEBSITE		WORD OF MOUTH		ADVERT BOARD		VAAL INFO	
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