



Plot 60 Zwavelpoort; Blue Swallow Estate, Achilles Street, Pretoria East

| 083 236 5581

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info@aquaangels.co.za

Registration form

SWIMMERS INFORMATION:

Surname:

Date of Birth:

Name:

Age:

Address:

Home Phone no.:

School (name):

Father's name:

I.D. no.:

Occupation:

Email:

Telephone:

Cell:

Work:

Mother's name:

I.D. no.:

Occupation:

Email:

Telephone:

Cell:

Work:

Family doctor:

Tel:

Address:

Medical Aid:

Medical Aid No.:

Yes	No
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1. Does your child suffer from any:

*Chest Ailments:

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*Physical injuries

--	--

*Ear ailments

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2. Does your child wear glasses?

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3. Can Mom swim?

--	--

4. Can Dad swim?

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5. Has your child had any bad experiences pertaining to swimming?

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6. Any other information that the swimming teacher should know about?

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PHOTOGRAPH PERMISSION

From time to time, we take photographs of the children during swimming lessons:

I, _____ parent of _____

give/do not give my permission for my child to be photographed during swimming lessons.

I/We agree that a full calendar month written notice or one month's fees in lieu of notice must be submitted before terminating lessons.

I/We further acknowledge and understand all conditions of enrolment to Aqua Angels Swimming School and agree to abide by them.

I/We admit that:

We completed the forms in full and that all the information is true and correct.

We are jointly and severally responsible for the payment of school fees (before the 1st of each month)

We have read and understand the rules and regulations of Aqua Angels Swimming School.

We will be held responsible for any legal fees incurred if we do not adhere to the undertaking of paying swimming fees to the above mentioned swimming school, on an attorney or own client scale

We will be responsible for the interest at the rate of 10% on all outstanding amounts.

We choose the above physical address to be our respective *domicilium citandi et executandi*.

We consent to jurisdiction of a Magistrate's Court

INDEMNITY

I/We hereby waive any claim which I may have against Natasha Myhill / Aqua Angels Swimming School or any person which may arise in connection with the tuition of _____ whether such damages arise as a result of theft, loss of life, bodily injury or any other causes whatsoever.

This waiver is unconditional and is given both in my personal capacity and in my capacity as father/mother and/or legal guardian of any minor concerned.

Signed: _____ Date: _____

Witnesses:

Name: _____ signed: _____ Date: _____

Name: _____ signed: _____ Date: _____