



## Application/Enrolment Form Age 3 and up

I, \_\_\_\_\_ parent /guardian/student

of NAME:.....AGE:.....YEARS.....MONTHS  
NAME:.....AGE:.....YEARS:..... MONTHS  
NAME:.....AGE:.....YEARS:..... MONTHS

Hereby apply to join and agree to abide by the Rules and Legislation of Splashyfin Swemskool. I enclose the following payments **with** copies of birth certificates /ID documents. No learner will be allowed in the water unless all the information and signed documents are handed in.

### CONTACT NUMBERS:

Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mom Cell \_\_\_\_\_  
Dad Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

### FEES

Registration fee of R400 per year **payable strictly in advance**  
**Re Registration R250**

**Classes start in January – May closed for PUBLIC HOLIDAYS and SCHOOL HOLIDAYS as well as winter months, we open again in August – December**

Banking details:  
FNB Cheque Acc  
Splashyfin  
Swimschool  
62801323908  
Branch code  
202009

### **KIDS from 3 years old**

Lessons once a week R500p/m  
Lessons twice a wee R680p/m

### **Adults**

Lessons once a week R680p/m  
Lessons twice a week R930p/m

Payment must be made by the 1<sup>st</sup> of every month. *10% will be added for late payments after the 3rd of every month. **Payments will commence in the month you sign up and payments need to be paid consecutively, including December.***

Please email proof of payment to [splashyfin@outlook.com](mailto:splashyfin@outlook.com) and add your name or child's name as a reference.

I agree for pictures of me or my child to be used by Splashyfin Swimschool on their social media pages and website for marketing purposes..

## TERMS AND CONDITIONS

### 1. FEES

- 1.1 Swimming fees are payable strictly in advance
- 1.2 No swimmer will be permitted to swim with outstanding fees by the 7<sup>th</sup> of the month
- 1.3 Fees are paid in full for the months of January, February, March, April, May, August September, October, November and December
- 1.4 No swimming in Winter so there is no payment in June and July
- 1.5 All accounts unpaid will attract a late payment penalty by the 7<sup>th</sup>
- 1.6 All outstanding accounts will be handed over at your expense

### 2. General

- 2.1 This contract may be cancelled with one full month's notice
- 2.2 Lessons and fees are not transferrable
- 2.3 Classes will be forfeited for the following unforeseen reasons, but not limited to rain, extreme weather conditions, sickness of teacher
- 2.4 Missed classes cannot be made up for
- 2.5 All swimmers to bring proper swimwear this is swimsuit, cap, goggles, warm clothing and a towel
- 2.6 No swimmer will be allowed to swim without full swimming gear
- 2.7 Please mark all clothing clearly before sending your child to school. Splashyfin will not be liable for loss of swimming gear
- 2.8 Parents are requested to support their children but not interfere with teaching
- 2.9 No parents are allowed on pool deck unless requested by instructor
- 2.10 Parents are welcome to contact swim instructors after the session or after hours for any queries and complaints
- 2.11 Splashyfin reserves the right of admission and may decline an application without stating reasons there of

**In as much as all possible care and precaution will be taken to ensure the safety of all swimming students, Splashyfin Swimschool and the employees will not be held liable for any accidents beyond their control in and around their premises**

By signing this enrolment form the parent/guardian or swimmer hereby agrees to abide to the Terms and Conditions of Splashyfin Swimschool and that he or she understands them.

I, parent/guardian have read and accept the Rules and Regulations of Splashyfin Swimschool. I have also informed my child of the Rules and Regulation of Splashyfin.

PRINT NAME: ..... SIGN: ..... DATE: .....

**LET THE SWIMMING FUN BEGIN \* NTANDO 078 536 7673**

# MEDICAL FORM

TO BE COMPLETED BY THE PARENT / LEGAL GUARDIAN OF THE PARTICIPANT

**PARTICIPANT'S DETAILS:**

Full Name:			
Date of birth:		Cell No:	
ID Number:			

**FATHER / GAURDIAN DETAILS:**

**MOTHER / GUARDIAN DETAILS:**

First Names:		First Names:	
Surname:		Surname:	
Tel (w):		Tel (w):	
Cell No:		Cell No:	
Email address:		Email address:	

**ALTERNATIVE CONTACT PERSON:**

**MEDICAL AID DETAILS:**

Name:		Medical Aid Scheme:	
Relation to Participant:		Main Member:	
Tel (w):		Type of Fund:	
Cell No:		Fund Number:	

**FAMILY DOCTOR DETAILS:**

Name:	Tel no:
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**MEDICAL CONDITION OF PARTICIPANT (mark X where applicable)**

ADHA	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Bleeding	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Other Serious	<input type="checkbox"/>

If any of the above are marked, please give details including medication that is being taken	

Any other minor medical problems that you feel we need to be aware of? Give details	

**Do you give your consent for the administration of first aid, antiseptic cream, elastoplasts bandages or Panado, if deemed necessary by the swim instructor and as per the prescribed usage and dosage?**

Name & Signature

By Parent / Guardian: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_