



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:

Employer	_____
Work No	_____
Primary contact	_____
Alternative contact	_____
E-mail	_____

FEES

Registration fee of R420 per year **payable strictly in advance**
Re Registration R260

Classes start in January – July closed for PUBLIC HOLIDAYS and SCHOOL HOLIDAYS as well as July, we open again in August – December

Banking details: FNB Cheque Acc Splashyfin Swimschool 62801323908 Branch code 202009
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KIDS from 3 years old

Lessons once a week R530p/m
Lessons twice a week R710p/m

Adults

Lessons once a week R710p/m
Lessons twice a week R970p/m

Payment must be made by the 1st 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 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 7th of the month
- 1.3 Fees are paid in full for the months of January, February, March, April, May, June, August September, October, November and December
- 1.4 No swimming in July and no payment is due for July
- 1.5 All accounts unpaid will attract a late payment penalty by the 7th
- 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:		
		Cell No:
	Date of birth:	
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		Heart Problems		Bleeding		Asthma	
Epilepsy		Allergies		Diabetes		Other Serious	

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: _____