



ENROLLMENT FORM - SWIMMER OVER 18 YEARS

SWIMMER'S DETAILS:

First Name _____ Surname _____

Known as, if different from above _____ ID Number _____ Gender M/F

Residential Address _____

Employer's Name & Your Physical Work Address

Work phone _____ Cell _____

Personal E-mail _____

REASON FOR TAKING SWIMMING LESSONS:

Sport / Recreational / Flight Crew / Other _____

DO YOU HAVE ANY OF THE FOLLOWING:

Chest ailments	Yes / No	Asthma	Yes / No	Rheumatism /Arthritis	Yes / No
Physical injuries	Yes / No	Epilepsy	Yes / No	Heart Problems	Yes / No
Ear ailments	Yes / No	Diabetes	Yes / No	Poor Co-Ordination	Yes / No
Do you wear glasses	Yes / No	Low muscle tone	Yes / No	High/Low Blood Pressure	Yes / No

Are you taking any chronic medication? Give details _____

Have you had any bad experiences pertaining to swimming? _____

Anything else we should know about? _____

NEXT OF KIN:

Name & Surname _____ Relationship _____ Cell _____

INDEMNITY:

I hereby waive any claim which I may have against Irena's Swim School (Pty) Ltd and/or any instructor, driver or employee for any damage sustained by any person which may arise in connection with the tuition by the said Irena's Swim School, or as a result of being on or entering the premises of 45 Doringboom Street, Kempton Park, whether such damages arise as a result of theft or loss of property, loss of life, bodily injury or any other cause whatsoever. This waiver is unconditional and is given both in my personal capacity and in my capacity as a father/mother and/or natural or legal guardian of any minor concerned.

I have received a copy of Irena's Swim School (Pty) Ltd Contract, I have read it, and agree to be bound by the terms and conditions set out therein, and by signing here I confirm the above.

Signature _____ Date _____

Lesson Days: _____ Time: _____ Date of 1st lesson: _____