



ENROLLMENT FORM - SWIMMER OVER 18 YEARS.

SWIMMER'S DETAILS:

First Name _____ Surname _____

Known as, if different from above _____ ID/PassportNumber _____

Country of Passport _____ 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 _____

Is the swimmer taking chronic medication? If so, give details _____

Has the swimmer any bad experiences pertaining to swimming? _____

Is there anything else we should know about? _____

Tell: 011 394 6099 • Cell: 082 446 9115 • E-mail: info@irenaswim.co.za

45 Doringboom Street, Kempton Park / P O Box 14064, Bredell

www.swimirena.co.za

DO YOU HAVE ANY OF THE FOLLOWING: -

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

NEXT OF KIN:

Name & Surname _____ Relationship _____ Cell _____

ID Number: _____ Gender M/F _____

Residential Address _____

Employer's Name & Your Physical Work Address

Work phone _____ Cell _____

Personal E-mail _____

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 _____

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DETAILS OF PERSON RESPONSIBLE FOR PAYMENT:

First Name _____ Surname _____

Relationship to swimmer if not yourself _____ ID/Passport Number _____

Country of passport _____

Residential Address _____

Employer's Name & Your Physical Work
Address _____

Work
Phone _____ Cell _____

Personal E-mail _____

I hereby agree to pay the fees for the swimmer whose name appears at the top of this Enrollment Form to Irena's Swim School. I have received a copy of Irena's Swim School Contract, and have read it, particularly items 17-24, the sections relating to payment of fees. I understand and agree to be bound by the terms and conditions set out therein.

I further understand that should I default on payment; legal action will be taken against me to recover outstanding fees. The costs of taking such action will be for my account on the Attorney Own Client scale.

Signed _____ Date _____

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