



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 \_\_\_\_\_

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? \_\_\_\_\_

Lesson Days: \_\_\_\_\_ Time: \_\_\_\_\_ Date of 1<sup>st</sup> Lesson: \_\_\_\_\_

Cell: 082 446 9115 • Cell: 071 877 6783 • E-mail: info@irenaswim.co.za

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

[www.swimirena.co.za](http://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 Number \_\_\_\_\_

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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