



ENROLLMENT FORM - SWIMMER UNDER 18 YEARS.

SWIMMERS DETAILS:

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth(YYMMDD) \_\_\_\_\_

Known as, if different from above \_\_\_\_\_ Home Language \_\_\_\_\_ Gender M/F

Residential Address  
\_\_\_\_\_  
\_\_\_\_\_

DOES HE/SHE HAVE ANY OF THE FOLLOWING:-

Chest Ailments YES/NO Asthma YES/NO Epilepsy YES/NO

Physical injuries YES/NO Poor co-ordination YES/NO Diabetes YES/NO

Does he/she wear glasses? YES/NO Ear Ailments YES/NO Low Muscle Tone YES/NO

ADD/ADHD YES/NO Can the mother swim? YES/NO Can the father swim?  
YES/NO

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

Has the swimmer had 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)

**MOTHER'S DETAILS:**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Known as, if different from above \_\_\_\_\_ ID Number \_\_\_\_\_  
Passport number \_\_\_\_\_ Country of issue of passport \_\_\_\_\_

Residential Address \_\_\_\_\_

Employer's Name & Your Physical Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Personal E-mail \_\_\_\_\_

**FATHER'S DETAILS:**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Known as, if different from above \_\_\_\_\_ ID Number \_\_\_\_\_  
Passport number \_\_\_\_\_ Country of issue of passport \_\_\_\_\_

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, including transport of children to and from Irena's Swim School (Pty) Ltd, 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.

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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. I certify that I have legal custody and/or guardianship in respect of the above named child and that I have the requisite contractual capacity to enter into this agreement.

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

DETAILS OF PERSON RESPONSIBLE FOR PAYMENT:

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to swimmer if not a parent \_\_\_\_\_ ID Number \_\_\_\_\_

Passport number \_\_\_\_\_ Country of issue 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 (Pty) Ltd. I have received a copy of Irena's Swim School (Pty) Ltd Contract, I 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 such action will be for my account on the Attorney Own Client scale.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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