



REGISTRATION FORM

Childs Name: _____

Date of Birth: _____ Place of Birth: _____

Rookie: _____ Diploma: _____ Present School: _____

Parent/Guardian Name: _____

Address: _____ Phone# _____

Mobile# _____

E-mail: _____

I wish to receive information on special offers and updates at my centre by SMS/post/email

Yes No

Does your child have any disabilities/illnesses? _____

Any for of:	Yes	No		Yes	No
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
On any medication	<input type="checkbox"/>	<input type="checkbox"/>	Any other chronic illness	<input type="checkbox"/>	<input type="checkbox"/>

It is of the utmost importance that our swim teachers are aware of any disabilities/illnesses mentioned above. Failure to disclose any disabilities/special needs or medical conditions that may cause class disruptions will result in the child being suspended from the swim lessons until a suitable arrangement is put in place. You may be asked to accompany your child on the pool side at the swim teacher's request.

Day and time of class: _____

Signature Parent/Guardian:

Forms must be completed in full

LION FISH SWIM SCHOOL

Swimming Lessons Information

For Parents and Swimmers

Terms and Conditions

1. Registration form must be completed by all participants or Parents or Guardian if under 18 years.
2. Disruptive behavior during lessons will result in suspension without recourse.
3. There will be no credit on missed classes unless by long term sickness. If Swimmer misses more than 3 classes without formal notification Swimmer will be removed automatically for another customer.
4. Parent or Guardian must accompany children to the toilet; therefore parent/guardian must be available during class time.
5. No children must be left unattended in building at any time.
6. Clothes and personal belongings must be stored in handbags during class times and while you shower. Changing room must be free for other pool users to change.
7. Parents must NOT interrupt swimming lesson at any time, unless requested by the teacher.
8. For no disturbing, parents with small children must be in front of the house in the playground area.
9. Payment method: Cash and Bank transfer. All payments have to be made before the 10th of each month. Past due invoice will be charge extra cost.
10. If you wish to discuss your child's progress, please do not do so during swim classes, information day is every Monday between 8AM to 5PM. Contact information: Mobile 594-3162 lionfishswimschool@outlook.com

YES

1. Swim Caps must be worn
2. 45 minutes swimming class
3. Correctly fitting swimwear
4. Swim Goggles

NO

1. No Lice
2. Baggy Shorts
3. Sun Screen
4. Contagious Diseases

For health and safety reasons, parents please take note: Instruct your children

1. Do not eat within one hour of swimming lessons.
2. Shower before every swim.
3. Use toilet before swim.
4. No running around pool/deck.
5. No physical contact with other swimmers.
6. Jumping and diving only under teacher supervision.

Liability Release.

I agree to allow my child to participate in swimming lessons with **SANNEO ZWEMSCHOOL VBA KAMAY 22-P NOORD ARUBA** from all claims, causes of action, or any other demands, which I, or my child may have now or have at any time in the future, for any injury, loss, or any other claim that may occur while my child is participating in swimming lessons at **SANNEO ZWEMSCHOOL VBA** and/or that may occur as a result of the use of any of the swimming facilities. I agree to indemnify and hold harmless the above mentioned, **SANNEO ZWEMSCHOOL VBA** against any and all liability for personal injury resulting from participation in the swimming lessons provided by **SANNEO ZWEMSCHOOL VBA** or the use of the **SANNEO ZWEMSCHOOL VBA facility at KAMAY 22-P**. I have noted on this form all medical problems of my child and a detailed history of these problems. If my child has known medical problems of a significant medical history, I have contacted my child's physician and I have received written medical permission. I understand and agree that my child must always be under the supervision of a qualified adult any time he/she is near or around water. Additionally, I understand and agree that the lessons provided by **SANNEO ZWEMSCHOOL VBA** do not imply or make any guarantee whatsoever of the water safety of my child and his/her ability to swim.

By signing below, I attest that I have read and understand this release form in its entirety, and agree to all the terms and conditions set forth within.

DATE: _____

**SANNEO ZWEMSCHOOL VBA
SIGNATURE**

**PARENT/GUARDIAN
SIGNATURE**

