



FITNESS CHAMPS

SCHOOL HOLIDAYS SWIMMING PROGRAMME

Particulars of Parent / Guardian

Name: _____

Address: _____ S()

Tel: (H) _____ (HP) _____ Email: _____

Particulars of Swimmer (s)

Swimmer 1

Name: _____ Date of Birth: _____ Sex: M / F

Swimmer 2

Name: _____ Date of Birth: _____ Sex: M / F

9 – 10am 10 – 11am 4 – 5pm 5pm – 6pm 7 – 8pm

Please tick here if you are signing up for Referral Rewards.

Terms & Conditions

- a) In the event of bad weather conditions, the lesson will **NOT** be replaced.
- b) There shall be strictly **NO** replacement lessons for students who fail to turn up for the scheduled lessons.
- c) Entrance fees to the pool are payable by the students, parents and guardians on a per visit basis.
- d) All payment of the swimming courses is to be made on the 1st lesson of the **School Holidays Intensive Training Programme** unless stated otherwise.

Indemnity

In this declaration, I hereby agree that I shall indemnify the staff / officials of **FITNESS CHAMPS** for any claims against damages, loss of personal belongings / valuables, injuries caused during the participation of this course.

I also agree to abide by the terms & conditions as stipulated above, subjected to any amendments from time to time by **FITNESS CHAMPS**.

Signature: _____ Date: _____