



# Little Woodlands Swimming - Internal

134 Outeniqua Ave, Doringkloof, Centurion

Tel: 078 907 4730

info@littlewoodlands.co.za

Starting Date: \_\_\_\_\_

## CHILD'S DETAILS:

Child's Name:		Swimming Proficiency:	
Surname:		Previous Swim School:	
Age:		Previous Swim School:	
Date Of Birth:		Previous Lessons?	YES / NO
E-mail Address: (NB!!!!)			

**\*\*PLEASE ATTACH A COPY OF YOUR MEDICAL AID CARD AND THE PARENT'S ID.\*\***

## PARENT/LEGAL GUARDIAN:

Name:		Next of Kin Name:	
Surname:		Contact Number 1:	
Contact No:		Contact Number 2:	
ID No:		Relationship:	
Physical Address:			

## PERSON RESPONSIBLE FOR THE ACCOUNT:

Next Of Kin Name:	
Contact Number 1:	
Contact Number 2:	
Relationship:	
Physical Address:	

## SWIMMING LESSONS: R650-00 p,m

Children 2-6 yrs	2 x 30min lessons per week
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## BANKING DETAILS:

EREOFUSION PTY (LTD),

FIRST NATIONAL BANK,

CHEQUE ACCOUNT:

ACCOUNT NUMBER

62634081468

**\*\*REFERENCE: SW-CHILD'S NAME\*\***

### Terms and conditions:

- Please cancel lessons beforehand if child is sick or on holiday. (Whatsapp 078 907 4730 / 082 615 9355)
- Catch-ups are available if a doctor's note is provided.
- Catch-ups are also available if arrangements have been made in advance if the child will be away.
- NO CATCH UPS for clothes forgotten at home.
- **Notice must be given in writing and sent to:** info@littlewoodlands.co.za
- Lessons are payable in advance monthly.
- Lessons missed will be caught up, if necessary, arrangements/cancellations had been made.
- You will be held responsible for any legal fees resulting from unpaid account.
- Swimming lessons will not take place if there is lightning within a 30km radius.
- **Lessons missed due to absence without a doctor's note** will be forfeited and are still payable unless arrangements had been made at least 24 hours in advance.

### **NB!!! Please bring:**

- **A plastic bag for wet clothes, Swimming Cap (Compulsory)**
- **Swimming towel, a warm jacket**
- **CHILDREN IN NAPPIES MUST PLEASE WEAT SWIMMING NAPPIES AT ALL TIME**

**PROTECTION OF PERSONAL INFORMATION: (POPIA)**

**As parent/guardian and learner we accept that the information provided was given voluntarily and that the school may:**

1. Store the data in its files and electronic systems.
2. Generate attendance and progress reports and other school-related records.
3. Use both the provided and generated data for purposes of providing services relevant to the enrolment and progress of the swimmer at the school (including, but not limited to contacting parents, updating the registers and or performance).
4. Am aware that the attendance of these swimming activities may hold the possibility of physical injuries. I accept that all reasonable precaution will be taken to ensure the safety and welfare of my child.
5. I understand that I will be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to negligence on the part of the swimming instructor is responsible for the swimming lesson.
6. I cede my power as parent/legal guardian to the principal of the school or his/her representative should any medical treatment be deemed necessary for my child, in case of an emergency in my absence as parent.
7. In the event of a medical emergency or serious injury, I herewith consent that the swimming instructor or a representative, may administer / treat or give the necessary medical assistance or call for medical backup.

I \_\_\_\_\_ parent of \_\_\_\_\_ in \_\_\_\_\_ the \_\_\_\_\_ class

hereby consent to all the above and I am fully aware of the terms and conditions of this document.

**\*\*\*INDEMNITY\*\*\*** (This indemnity should be signed by the parent/guardians where applicable)

**I/We (name of parents)** \_\_\_\_\_

**Parents/Guardians of (name and surname of child)** \_\_\_\_\_

- Accept that all necessary precautions will be taken regarding the health, safety, and well-being of our child. The School, Owner, Principal, Management and Staff of Little Woodlands Preschool will not be held responsible or be liable whatsoever, for any injury/unforeseen events/ infection of any disease or condition that our child may develop.
- Accept full responsibility for the payment of medical bills and transfer our powers as parents to the school's management if medical treatment may be urgently needed.
- As far as I/we know, our child is in good health.
- Have read and understand the Health and Safety measures implemented by the school.
- I/We are comfortable with the measures that have been implemented.
- I/We also understand my accountability as a parent towards the school's community.
- As parents we have been given the opportunity to provide further inputs/information in this regard: **Yes/No**

**Comments:**

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**Signed at** \_\_\_\_\_ **on this the** \_\_\_\_\_ **day of** \_\_\_\_\_ **2022/3.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent**

**CO-MORBIDITIES:**

**MEDICAL CONDITIONS:** (CIRCLE IF APPLICABLE) *Asthma, Diabetes, Epilepsy, Cancer, Heart Disease*

Other Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

**CHRONIC MEDICATION:**

Name	Description	Dosage	Purpose

**SURGERIES:**

\_\_\_\_\_

**MEDICAL AID DETAILS:** (Provide copies of ID and Medical aid card)

Parent: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Doctor: \_\_\_\_\_

Specialist: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_

Option: \_\_\_\_\_

Medical Aid Member Number: \_\_\_\_\_

**\*\*\*I DO NOT HAVE A MEDICAL AID\*\*\*** \_\_\_\_\_ **(Signature required)**

1. Accept that all necessary precautions will be taken regarding the health, safety, and well-being of our child. The School, Owner, Principal, Management and Staff of Little Woodlands Preschool will not be held responsible or be liable whatsoever, for any injury/unforeseen events/ infection of any disease or condition that our child may develop.
2. Accept full responsibility for the payment of medical bills and transfer our powers as parents to the school's management if medical treatment may be urgently needed.
3. As far as I/we know, our child is in good health. **YES/NO**
4. Have read and understand the Health and Safety measures implemented by the school and I/We are comfortable with the measures that have been implemented.
5. I/We also understand our accountability as a parent towards the school's community.

**\*\*\*ANY OTHER INFORMATION WE NEED TO BE AWARE OF\*\*\*** (medical or developmental)

Pls provide details:

\_\_\_\_\_

I \_\_\_\_\_ parent of \_\_\_\_\_, hereby confirms that the information provided is true and correct.

\_\_\_\_\_  
**Signature of Parent**

Date: \_\_\_\_\_