

Registration Form – Children’s Programme



Please fill out clearly in BLOCK CAPITALS

Swimmer details

Date of birth:

Male/Female

First name:

Last name:

Alias:

School attending:

Medical/health information

Swimming ability non swimmer intermediate (*can swim 10 meters*) or SwimJamaica level ...

Registering for Saturday lessons after school lessons school group lessons

Parent/guardian:

Name(s):

Email:

Telephone: (*home*) (*work*) (*cell*)

I give permission for my child / ward to attend and participate in SwimJamaica lessons.

I also give permission for photographs taken during lessons to be used by SwimJamaica in their promotional materials.

(check this box if you **do not** wish photographs to be taken of your child).

Please note: No refunds are given

For official use

Payment received \$ cash check #

Onto database Notes:

SwimJamaica Tel: 926-1514 Fax: 920-6129 Email: info@swimjamaica.com Website - www.swimjamaica.com

INDEMNITY

In consideration for my child / ward being allowed to participate in the SwimJamaica programme and any activity affiliated therewith, I hereby release and indemnify SwimJamaica and the Amateur Swimming Association of Jamaica in respect of any liability, loss, claim, expense, or demand for payment whatsoever arising from any personal injury sustained by my child / ward or occasioning his / her death or in respect of any injury or damage whatsoever to any personal property of my child / ward arising out of his / her participation in any SwimJamaica programme or activity whether as a participant, official, or otherwise, unless such injury or death is proved in a court of law to have been due solely to any act or neglect on the part of SwimJamaica, the Amateur Swimming Association of Jamaica or their employees.

I certify below that I have read, understood and agreed to the terms stated above.

Parent or Guardian’s Signature

Date

Registration Form – Adult Programme



Please fill out clearly in BLOCK CAPITALS

Swimmer details

Title:

Male/Female

First name:

Last name:

Alias:

Telephone: (home) (work) (cell)

Email:

Medical/health information

Swimming ability non swimmer intermediate (can swim 10 meters)

Where did you hear about SwimJamaica?

Please note: No refunds are given

For official use

Payment received \$ cash check #

Onto database Notes:

SwimJamaica Tel: 926-1514 Fax: 920-6129 Email: info@swimjamaica.com Website: www.swimjamaica.com

INDEMNITY

In consideration for me being allowed to participate in the SwimJamaica programme and any activity affiliated therewith, I hereby release and indemnify SwimJamaica and the Amateur Swimming Association of Jamaica in respect of any liability, loss, claim, expense, or demand for payment whatsoever arising from any personal injury sustained by me or occasioning my death or in respect of any injury or damage whatsoever to any personal property arising out of my participation in any SwimJamaica programme or activity whether as a participant, official, or otherwise, unless such injury or death is proved in a court of law to have been due solely to any act or neglect on the part of SwimJamaica, the Amateur Swimming Association of Jamaica or their employees.

I certify that I have read, understood and agreed to the terms stated above.

Signature

Date