



TEACHING  
MORE THAN JUST  
*Swimming*



# SWIM CAMP FORM

(FM-010-SCF-v1.0)

**D Swim Academy Sdn Bhd** Reg. No: 750654-V | GST ID No: 001442578432  
 Aras 3, Pusat Akuatik Nasional Kompleks Sukan Bukit Jalil, 57000 Kuala Lumpur  
 T: 1300 222 372 | E: info@dswimacademy.com | W: www.dswimacademy.com

OFFICE USE ONLY

Key insystem By:	
Date of Key in :	

Event Title :	<b>2nd DSA Swim Team Camp 2018 @ Penang</b>
Event Date :	17th Dec, 2018 - 20th Dec, 2018 (4days 3nights)
Event Location :	Setia Spice Aquatic Centre, Penang
Event Price :	RM680.00 Nett
Entry Closing Date :	<b>2nd Sept 2018 @6:00PM</b>

**[A] SWIMMER DETAILS**

Full Name :	_____	Malaysian :	YES / NO
Date of Birth :	_____	Gender :	M / F
		T-Shirt Size :	_____

**[B] PARENT/GUARDIAN DETAILS**

Name :	_____	Email Address :	_____
Emergency Contact :	_____	Relationship :	_____

**[C] EVENT INFORMATION**

- 1) The Swim Team Camp will be lead by all DSA coaches and is open to DSA/DSAS swim club member only.
- 2) Parent are not allowed to interfere any on-going activity throughout the camp.
- 3) Please be informed that accommodation and amenities are basic. Swimmers are expected to adapt and adjust with the facilities provided. Transportation to the camp is included.
- 4) Pick up point will be at **Axiata Arena Main Entrance** on **17th Dec 2018 @5:00am**.
- 5) Parents are not allowed to enter the premises of resting , training and dining areas.
- 6) Limited seats. First come first serve. Please submit this form & payment to DSA admin counter.

**[D] TERMS & CONDITION**

I by the name \_\_\_\_\_ have carefully read this form / rules & regulations / fees and payment from D Swim Academy Sdn Bhd (750654-V) and have fully understood its content and agreed to follow and abide by all rules, terms and conditions during and after the event. I, for myself and or on behalf of the child / student mentioned hereby agree to release, indemnify and hold harmless to the maker of any exercises, the companies involved and the teachers / coaches / instructors from any and all claims, demands, losses and liabilities arising out of or related to any injuries, disabilities, losses or death suffered by myself or the child / student mentioned as a result of failure to follow the instructions during and after the event. I recognize they are for my own or the child / student mentioned safety and well-being and that failure to adhere can place me and the child / student mentioned in jeopardy during or after the event. I have read this release of liabilities and assumption of risk agreement and sign it on my own free will or on behalf of the child / student mentioned.

_____	_____	_____	_____
Signature	Name of signee	IC No./Passport of signee	Date

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**[E] OFFICE USE ONLY - SWIMMER'S COPY**

Event :	<b>2nd DSA Swim Team Camp 2018 @ Penang</b>		
Event Date :	<b>17th Dec, 2018 - 20th Dec, 2018 (4days 3nights)</b>		
Received By :	_____	Payment Amount :	_____
Date :	_____	Remark :	_____

\*Kindly visit [www.dsaswimteam.com](http://www.dsaswimteam.com) for more updates



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AUSTRALIAN  
swim  
SCHOOLS ASSOCIATION  
MEMBER



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Medical & Liability Release Form

I, \_\_\_\_\_ desire to participate in the 2nd DSA Swim Team Camp 2018, to be held at Setia Spice Aquatic Centre in Penang, and I fully understand the dangers, hazards, and risks inherent in the trip.

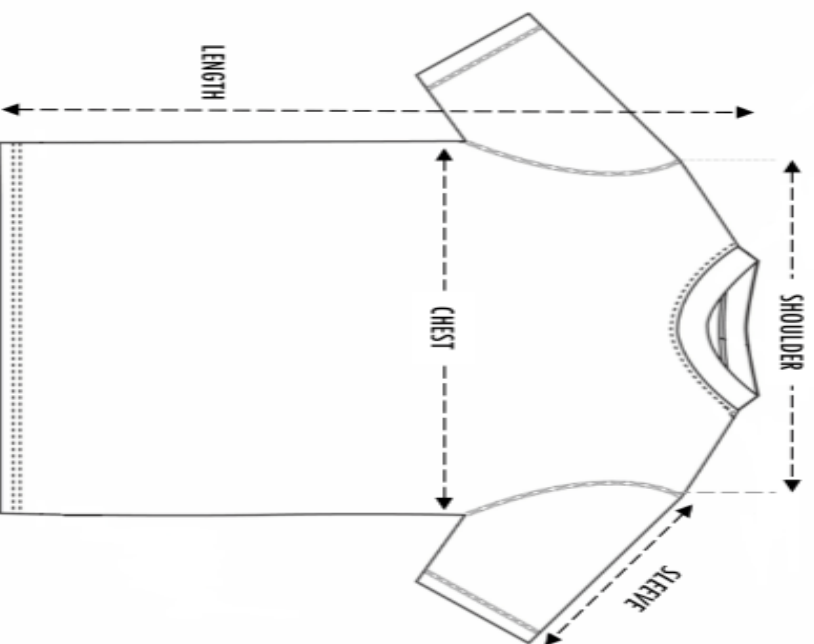
Knowing the dangers, hazards, and risks and in consideration of being permitted to participate, on behalf of myself, my family, heirs and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the trip and activities, the transportation to and from, and in any independent research or activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the Releases), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering or death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releases, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I understand and agree that Releases will not have medical personnel available during the trip. I understand and agree that Releases are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releases shall be subject to the terms of this Agreement. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed.

Participant Signature	Guardian Signature
Full Name as per IC:	Full Name as per IC:
IC No.:	IC No.:
Date:	Date

# Size Guide



Size	Shoulder	Chest	Sleeve	Length
2XS	14"	34"	7"	25"
XS	15"	36"	7.5"	26"
S	16"	38"	8"	27"
M	17"	40"	8.5"	28"
L	18"	42"	9"	29"
XL	19"	44"	9.5"	30"
2XL	20"	46"	10"	31"
3XL	21"	48"	10.5"	32"

\* Measurement may vary +/- 5%.

\*Cutting one size smaller, take one size bigger than normal.