



TEACHING  
MORE THAN JUST  
*Swimming*



# BRANCH SWITCH FORM

(FM-016-BSF-v1.2)

|            |  |
|------------|--|
| STUDENT ID |  |
|------------|--|

(office use only)

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

## [A] STUDENT DETAILS

SWIMMER'S FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 PARENT/GUARDIAN \_\_\_\_\_ CONTACT NO. \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

## [B] BRANCH SWITCH APPLICATION

|                         |  |                              |                                  |           |
|-------------------------|--|------------------------------|----------------------------------|-----------|
| EFFECTIVE DATE          |  | PREFERENCE TRAINING LOCATION | CURRENT COACH SIGN & ACKNOWLEDGE | DATE SIGN |
| CURRENT TRAINING GROUP  |  | MON                          |                                  |           |
| CURRENT TRAINING BRANCH |  | TUE                          |                                  |           |
| REASON                  |  | WED                          |                                  |           |
|                         |  | THU                          |                                  |           |
|                         |  | FRI                          |                                  |           |
|                         |  | SAT                          |                                  |           |
|                         |  | SUN                          |                                  |           |

## [C] TERMS & CONDITION

- Swimmer must obtain coach's consent on the branch switching application.
- Swimmer must **NOT** switch more than 2 locations.
- This application is subject to DSA Management and respective coaches' approval.
- This application processing will take 7 working days.
- Once it is approved, swimmer is required to follow the above branch arrangement and there shall be no changes within 6 months time unless due to group promotion or school matters with valid reason and supporting document.
- Please scan and submit this form via email to dsaswimteam@dswimacademy.com.

**I have read the above and hereby agree to accept the above terms & conditions**

Parents Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## [D] FOR OFFICE USE ONLY

|               | NAME | APPROVAL  | SIGNATURE | DATE |
|---------------|------|---|-----------|------|
| RELATED COACH |      | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |           |      |
| TEAM MANAGER  |      | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |           |      |
| RECEIVED BY   |      |   |           |      |
| ACTION BY     |      |   |           |      |