



TEACHING
MORE THAN JUST
Swimming



SWIM CLINIC FORM

(FM-010-SCF-v2.0)

D Swim Academy Sdn Bhd

Reg. No : 750654-V | SST No. W10-1902-32000129

Level 3, National Aquatic Centre Bukit Jalil,

KL Sports City, 57000 Kuala Lumpur

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Event Title	:	DSA SWIM CLINIC BY ROB GREENWOOD & JOSEPH SCHOOLING
Event Date	:	6th April 2019 - 7th April 2019
Event Location	:	National Aquatic Centre, Bukit Jalil
Fees	:	RM265.00

[A] SWIMMER DETAILS

Full Name	:	_____	Membership	:	DSA / DSAS
IC/Passport No.	:	_____	Gender	:	M / F
Medical History	:	_____	Group	:	A / B / C / D
Allergy	:	NO / YES Please specify : _____			

[B] PARENT/GUARDIAN DETAILS

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

[C] EVENT INFORMATION

- 1) The Swim Clinic is open to DSA/DSAS Swim Club members only.
- 2) Lunch is provided.
- 3) Parents are not allowed to interfere any on-going activity throughout the clinic.
- 4) Limited slots. First come first served basis.
- 5) Please submit this form and full payment to DSA admin counter.
- 6) Payment is not refundable and not exchangeable for other programs.

[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

[E] OFFICE USE ONLY

Received By	:	_____	Payment Amount	:	_____
Date	:	_____	Remark	:	_____
Checked By	:	_____			_____

*Kindly visit www.dsaswimteam.com for more details.