



TEACHING
MORE THAN JUST
Swimming



SWIM CENTRE 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
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[A] STUDENT DETAILS

SWIMMER'S FULL NAME: _____ AGE: _____
PARENT/GUARDIAN: _____ CONTACT NO.: _____
EMAIL ADDRESS: _____

[B] SWIM CENTRE SWITCH APPLICATION

EFFECTIVE DATE: _____	PREFERENCE FOR TRAINING LOCATION	CURRENT COACH TO SIGN & ACKNOWLEDGE	DATE SIGNED
CURRENT TRAINING GROUP: _____	MON		
CURRENT TRAINING SWIM CENTRE: _____	TUE		
REASON: _____	WED		
	THU		
	FRI		
	SAT		
	SUN		

[C] TERMS & CONDITIONS

- Swimmers must obtain their coach's consent on the Swim Centre switching application.
- Swimmers must **NOT** switch more than 2 locations.
- This application is subject to DSA Management and the respective coaches' approval.
- This application will take 7 working days to process.
- Once it is approved, the swimmer is required to follow the new Swim Centre arrangements and there shall be no changes within 6 months unless due to group promotion or school matters with a valid reason and the provision of supporting documents.
- Please scan and submit this form via email to dsaswimteam@dswimacademy.com

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

Parent's Full Name: _____ Signature: _____ Date: _____

[D] FOR OFFICE USE ONLY

	NAME	APPROVAL	SIGNATURE	DATE
RELEVANT COACH:		YES <input type="checkbox"/> NO <input type="checkbox"/>		
TEAM MANAGER:		YES <input type="checkbox"/> NO <input type="checkbox"/>		
RECEIVED BY:				
ACTION BY:				