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Application for membership 2020/2021

Name

Surname

Date of birth d d m m y y y y

Swimmer's ID number

Address

Code

School

Previous club / Learn-to-swim school

E-mail address

Cell phone Mom Work phone Mom

Dad Dad

Swimmer

Occupation / Company

Mom

Dad

Gym membership (please tick venue) Tygervalley Virgin Active

N1 City Virgin Active

Planet Fitness

Allergy

Asthma or breathing disorder

Attention disorder

Deafness or ear disorder

Epilepsy

Fainting or dizzy spells

Any other information

Rules and Regulations

With the signing of this form, I / we agree to: -

Abide by all rules and regulations set by the club,
 Pay the monthly coaching fees by the **26th of the month**, including the **MONTH** taken as the official season's break and accept that the coach may refuse to coach the swimmer/s unless fees are paid in full. These fees are payable whether the swimmer/s train or not,

Accept that membership may only be ended by a written request submitted ONE full calendar month before leaving.

Accept that I am still liable for fees for the notice month given.

Indemnity

Whilst acknowledging that all reasonable precautions will be taken by the officials of Tygerberg Aquatics, I _____
 parent of _____ (Child) hereby indemnify Tygerberg Aquatics and their officials, against any claim arising from loss of life,
 bodily injury or loss of personal items.

Signed: _____ (Parent) Date: _____