



Please attach your recent photograph here.

MEMBERSHIP REGISTRATION FORM

Please check ALL applicable boxes.

Member ID Name of Consultant

Member's full name (as per IC / passport) Family name / Surname

NRIC / Passport no

Date of birth DD / MM / YYYY Age

Nationality Gender: Male Female

Home address

Town / City Postcode

State Country

Mailing address Same as home address

If different from above

Town / City Postcode

State Country

Home phone Mobile

Email address

Emergency Contacts

Name Name

Contact number Contact number

Relationship Relationship

Medical / Health Records

Special Health Problems Disabilities

Any past injuries / Surgical records List of Allergies

Others Attach Medical Report

All information is correct at the time of printing (15 January 2018) but may be subject to change.



AGREEMENT TO ABIDE BY

In Case of Emergency

In the event of an accident or illness requiring emergency medical treatment, I hereby give permission to the staff at UCSI Swimming Academy to seek emergency medical treatment at any private/government hospital that is appropriate in the said situation taking into account the said nature of the emergency.

I also agree that I will be liable for any expenses relating to medical treatment. I also hereby agree that I will not hold UCSI-CDC, its staff, employees, associates or other relevant people responsible or liable in respect of any untoward accident or incident that arises as a result of the said emergency.

Parent / Guardian / Spouse Name

NRIC / Passport Number

Signature Date

Refund Policies and Procedures

I hereby agree that the registration fee paid is NON-REFUNDABLE. I also hereby agree that UCSI Swimming Academy will not refund any membership fees paid. However, this is provided that no rules or regulations have been breached.

I hereby agree that in the event that I fail to settle the fees in accordance to the respective due date, I shall be liable to pay the late payment charges (5%) that shall be levied accordingly by UCSI Swimming Academy.

I also agree that UCSI Swimming Academy hereby reserves the right to alter, change, amend any of the aforementioned rules, regulations and terms and only current and approved of the same shall be applicable, this shall also include any fees that are payable.

I hereby agree that all membership fees are not transferable to another member's account, nor can fees be transferred to another term or year.

While every precaution is taken into account, accidents do happen. UCSI Swimming Academy shall not be held responsible for any mishap not limited to injury, loss of life, theft, and damage to possessions that may occur during, before or after lessons.

Parent / Guardian Name

NRIC / Passport Number

Signature Date