



Please attach your recent photograph here.

REGISTRATION FORM

Please check ALL applicable boxes.

Student ID

Student'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

Past Experience

Previous swimming lesson programme

Location Duration

Require floatation device: Yes No Negative experience(s) with water: Yes No

Comfort level in water: Excellent Good Weak Poor

In the most recent vacation, did your child participate in any water-based activities? Pool River Ocean Pond Lake

Other

All information is correct at the time of printing (October 2017) but may be subject to change.

Medical / Health Records

Special Health Problems

Disabilities

List of Allergies

Any past injuries / Surgical records

Others

Details of Siblings (if any)

Name of Consultant

1. Name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>
2. Name	<input type="text"/>	Date of birth	<input type="text"/>	
3. Name	<input type="text"/>	Date of birth	<input type="text"/>	
4. Name	<input type="text"/>	Date of birth	<input type="text"/>	
5. Name	<input type="text"/>	Date of birth	<input type="text"/>	

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 for my child 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 my child's medical treatment. I also hereby agree that I or any other next-of-kin to my child 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 Name	<input type="text"/>	<input type="text"/>	
NRIC / Passport Number	<input type="text"/>	Signature	Date

Publicity

I hereby give my consent for my child's photograph/image (e.g. video footage) and first name to be used to publicise UCSI Swimming Academy and under the UCSI Swimming Academy's policy to maintain strict privacy and confidentiality of the same.

Parent / Guardian Name	<input type="text"/>	<input type="text"/>	
NRIC / Passport Number	<input type="text"/>	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 fees paid, with the exception of the school kit and student deposit. However, this is provided that no rules or regulations have been breached.

I hereby agree that in the event of lesson completion or in the event of withdrawal, the respective forms must be submitted within a minimum of four lessons prior to the aforementioned events, for refundable deposits. 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.

Parent / Guardian Name	<input type="text"/>	<input type="text"/>	
NRIC / Passport Number	<input type="text"/>	Signature	Date

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