

SINGAPORE MASTERS SWIMMING

Registration Form for Triswim Swimming Programs

MR/MRS/Ms/Dr		Full Name (As in NRIC/Passport)		
Age	Sex M / F	Date of Birth(dd/mm/yyyy)	Marital Status M / S	NRIC/Passport No
Address				
Mobile No		Email		
Triswim Basic: pls tick (x)		Triswim Intermediate/Advance: pls tick (x)		
Bishan pool : Monday ()		Kallang Pool : Tuesday ()		
Tampines pool: Thursday ()		Kallang Pool : Wednesday ()		
Katong pool : Saturday ()		Safra Tampines pool: Friday ()		

WAIVER CLAUSE

I hereby declare and certify that:

- I am physically fit and have sufficiently trained to take part in this program and related practice activities.
- I have no medical conditions that I am aware of that would place myself or others at risk or harm as a result of my participation in this program and related training sessions.

Terms and Conditions

- Lessons will run continuously on the stipulated day and time except on days declared as public holidays or cancelled by the coach.
- There will be no lesson on public holidays unless otherwise arranged by the coach and agreeable by all swimmers.
- There will be no make-up lesson or refund of fee/s if a student misses any lesson/s.
- In the event of foul weather, swimmers are to proceed as usual to their respective training pool unless they receive a lesson cancellation notice from the coach.

Signature of participant

Date

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Payment

Please make cheque payable to **TUNG YEW MENG** and send it to **Blk 574 #02-20 Pasir Ris Street 53, Singapore 510574** with your name, contact number stated behind the cheque.

Registration

Please complete registration form and mail it together with payment to the above mentioned address or email it to alex@singaporemastersswimming.com. Registration is complete only upon full payment by participants.

Swim School Particulars:

Name: Singapore Masters Swimming

Business Registration No: 53098626D

Person In Charge : Mr Alex Tung Yew Meng

Website: www.singaporemastersswimming.com

Contact No: +65-96790976

FOR PARTICIPANTS UNDER 18 YEARS OF AGE

I, _____, parent/ guardian of _____
agree to allow him/her to participate in this swimming program organized by Singapore Masters swimming.

In consideration of your acceptance to his/her participation in this program

I, for my heirs, executors and administrators, release and forever discharge the Singapore Masters Swimming, its training agencies, coaches, officials and staff of any liabilities, claims, action, damages, costs or expenses which may arise out of or in any way connected with his/her participation in this program including travel to or from the program, and including all injuries that may be suffered by him/her before, during or after the program. I understand that this includes any claims based on negligence, action or inaction of any of the above parties. I recognize the difficulties of the program and attest that He/she is sufficiently fit and able to swim and he/she has not been advised otherwise by a qualified medical professional.

Signature of Parent/ Guardian

Date