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**ADULT APPLICATION FORM
(TO BE COMPLETED IN FULL)**

SURNAME: _____ SWIMMERS NAME: _____
DATE OF BIRTH: _____ EXACT AGE IN YEARS: _____ MONTHS: _____
SWIMMER'S NAME: _____ SPOUSE'S NAME: _____
EMPLOYER: _____ EMPLOYER: _____
OCCUPATION: _____ OCCUPATION: _____
ID NO: _____ ID NO: _____
PHYSICAL AND POSTAL ADDRESS: _____

TELEPHONE: (H) _____ TELEPHONE: (H) _____
SWIMMER'S (W): _____ SPOUSE'S (W): _____
SWIMMER'S CELL: _____ SPOUSE'S CELL: _____
SWIMMER'S E-MAIL: _____ SPOUSE'S E-MAIL: _____

DOES THE SWIMMER HAVE ANY PROBLEMS (MENTAL/PHYSICAL) OR MEDICAL CONDITIONS THAT WE SHOULD BE MADE AWARE OF TO ASSIST US IN GETTING TO KNOW AND UNDERSTAND THE SWIMMER?

INDEMNITY

I hereby indemnify AQUA JUNCTION SWIM SCHOOL C.C., SHONTELL MORODER or ANY PERSON IN HER EMPLOY against any claim of whatsoever nature instituted by third parties against her in any event where damage, death, illness or disease is suffered by such third party caused by any act or omission outside the direct control of SHONTELL MORODER or ANY PERSON IN HER EMPLOY unless it can be proven that the claim arose as a direct result of gross negligence and/or willful act of said SHONTELL MORODER or ANY PERSON IN HER EMPLOY.

SWIM INSTRUCTOR: _____ PARENT / GUARDIAN SIGNATURE: _____

DATE: _____