



Centre of Excellence
 Phone: 620-2115
 Email: torpedoessc@gmail.com

Learn to Swim/Development Registration Form

Privacy Statement

The information requested by Torpedoes Swim Team TT may be considered personal and confidential, however, it is the policy of our team to protect and safe guard all personal and confidential information on our membership. Supplying this information is voluntary but also necessary for our database. If you choose not to provide the information, we may not be able to effectively provide the highest quality service you deserve. Should you need further information on this form, please contact the Mr. Ronald Corke@ 1-868-620-2115

	Participant #1	Participant #2	Participant #3	Participant #4
First Name				
Surname				
Date of Birth				
Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Telephone	H: _____		M: _____	W: _____
Address	_____			
E-mail Address	_____			

What is your preferred method of receiving information

Email SMS Messages Phone FaceBook

Emergency Contact Information

Primary Contact	Name: _____ Telephone: _____ Relationship: _____
Secondary Contact	Name: _____ Telephone: _____ Relationship: _____

Participant Medical Information

Please indicate any medical and/or behavioural conditions that the participant(s) currently have or have had in relation to any other Learn to swim Program. The medical information provided will remain confidential and enable the instructors to modify the program to suit your child's/ Children's needs.

	Condition(s)	Medication(s)/Special Requirements
Participant #1		
Participant #2		
Participant #3		
Participant #4		

In my opinion, there is no medical reason to hinder my child/children's ability to take part in the Torpedoes Learn to Swim/Developmental Program. I understand that all safety precautions will be observed, and will endeavour to follow all directions to the best of my and my child's/children's ability.

Signed: _____ **Date:** _____

Additional Information

How did you hear about us? (please tick)

WEB Search <input type="checkbox"/>	Day care Advertisement <input type="checkbox"/>	Previous Member <input type="checkbox"/>
School Advertisement <input type="checkbox"/>	Torpedoes Member <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>
Other (please specify):		

Participant / Parent / Guardian Agreement

I hereby confirm that I am willing for my son/daughter whose information appears above, to attend Torpedoes Learn to Swim/Developmental program. In so doing, I promise and agree to not hold Torpedoes Swim's Team Learn to Swim/Developmental program, its officers, employees, coaches and representatives of Torpedoes Swim Team liable against any claim or demands which might hereinafter be made by or on behalf of my said son/daughter or by myself for or in respect of any injury or loss sustained by him/her from any cause whatsoever, while he/she is taking part in Torpedoes' Learn To Swim Program.

I have read and understood the policies in relation to the program my child/children is attending and agree to abide and follow the policies listed below. I give permission for staff members to obtain the services of any ambulance or doctor if the need arises and agree to pay all charges and fees occurred.

Please check the following to indicate your understanding and acknowledgment:

- I agree to allow Torpedoes Swim Team to use any photos obtained **FOR ONLY** Torpedoes swim Team Promotional purposes.
- I am aware that all participants (students/parents/guardians) must wear appropriate swimwear when entering the swimming pool or water. T-Shirts, vest, denim, bike pants, and street clothing are examples of strictly prohibited swimwear. Non-toilet-trained children are required to wear an approved swimming diapers.
- I am aware of, and understand the cancellation procedure: Notification of intent to cancel must be made in writing and sent via email or WhatsApp, to the program Coordinator. I understand that there will be no refunds as Cancellations are on the onus of members.
- I am aware of, and understand the makeup lesson procedure: I am to contact the Torpedoes Administrators prior to the swimming lesson to inform of non-attendance; I am aware that makeup lessons cannot be backdated and that all makeup lessons must be completed within the term, the original lesson was missed; I understand that makeup lessons are non-refundable and non-transferrable and do not roll over from one term to the next term; I understand that makeup lessons are not guaranteed and will be treated on a case by case basis only.
- I understand that a supervising adult must remain in the pool area whilst the student is attending their lessons. I am aware that the child/children will not be permitted to their swimming lesson unaccompanied by an adult/parent/guardian
- I, the participant/parent/guardian, have read, understand and agree to the Torpedoes Swim Team Learn to Swim/Developmental Program Terms and Conditions.

Parent/ Guardian Name:			
Signature:		Date:	

Official Use Only					
Level		Day		Time	
Start Date		Amount Paid		Instructor's Name	