

1 2 Swim Swimming School

Telephone: 0824541323
Lesson enquiries: info@12swim.co.za
Account enquiries: accounts@12swim.co.za

Dear Parents and Students

Welcome to 1 2 Swim School & Aqua Centre. I really hope you enjoy the time with us and benefit from the tuition. Should you have any comment or ideas, please do not hesitate to share them with me. I would certainly value the input.

1. The fees for Learn to swim lessons are for the full year of 2021 broken into payment terms:
Term 1 03rd Feb – 27th March R1200 / term
Term 2 13th April – 6th June R1200 / term
Term 3 2nd Aug – 24 Sep R1200 / term
Term 4 4th Oct – 26 Nov R1200 / term

Static Straining Fees: R250/ month once a week, R300 twice a week, R350 three times a week.

Correct personal swim attire: Swim Suite, Swim Cap and towels must be provided by the parent/ student. **Lessons are grouped max 4 students 30 min lesson once a week. Changing swimming slot times are limited and we advise parents to keep to the slot given to avoid disappointment.**

Accounts will be issued before the beginning of the term. Only Electronic transfer will be accepted, **please use your child's name & surname and your cell number as reference.** This is important for correct payment allocation. NO cheque or cash will be accepted at the Swim School. Please remember payment is STRICTLY IN ADVANCE. Your first invoice will indicate an additional fee for enrolment of R250. This is fee is non-negotiable and non-refundable. Each Term fee is based on 8 lessons.

2. ONE TERMS WRITTEN NOTICE IS REQUIRED on termination of lessons. This may be e-mailed to INFO@SWIM.CO.ZA. No other forms of notice will be accepted. Confirmation of receipt of notice is only upon written reply by the Swimming School. Should you not receive a written reply (whether e-mail or hand written) then the notice has not been received.
3. Lessons that you miss, will be FORFEITED. Lessons the Swim School cancels will be made up except for lessons cancelled due to poor weather conditions. Safety and Dryland training will take place in these times for Children from 4 years old and up, example LIGHTNING/ Storms
4. Pupils will only be able to commence with lessons if all accounts are paid up on or before the said lesson date.
5. Please ensure that you complete the Consent & Indemnity Form correctly and it must be witnessed. The Swimming Curricular is based on Swim England Framework for further information see below link: <https://www.swimming.org/learntoswim/your-childs-swimming-lesson-progress/>
6. Your child should not eat a meal for at least an hour before swimming to avoid discomfort or regurgitation.
7. Parents and siblings above the age of 2.6 years are requested to remain outside of the swimming pool area whilst a lesson is in progress. It is very distracting to both pupils and teachers when there is overcrowding in the pool area. It is even more distracting when conversations are carried out during the lesson or when instructions are given by parents.
8. An effort is made to offer you clean and fresh premises for your comfort, so please ensure that the change rooms and toilets are left in the same clean and tidy way that you found them.
9. A time table for the new season will be on the notice board for your information.
10. The golden rule for good results: To be Consistent and punctual for all lessons.

BANKING DETAILS: 1 2 Swim cc, FNB, account no. 62270372750 Branch Code 255955

I (parents full name) of fully understand the above rules and will abide by them at all times.

Signed: Date: ID#:

Signed: (Witness from Swim School)

1.2 Swim Swimming School Indemnity & Consent Form 2021

As a Parent / Guardian of, I give my consent for him / her to participate in the swimming program that is appropriate for his / her level in group activities of 3-4 students and I agree to the use of videos and photos taken by the school for advertising purposes unless otherwise specified. I also agree to delegate my authority to the staff and Instructors involved.

Such Teachers & Instructors may request "time out" action when they deem necessary to ensure the safety, well-being and successful conduct of the students as a group or individually in the above-mentioned activity.

I also authorize the Teachers & Instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I have read the cover letter & I am aware of the program for which my consent is requested.

I submit the attached medical information about the student & include details of limitations which he / she have for the activity concerned.

I further authorize qualified practitioners to administer anesthetic if such an eventuality arises. I hereby also confirm that all information submitted is true & correct.

SignedPrint Name:Date:/...../2021 Signed:

Parent / Guardian ID#: Witness from School: _____

Personal Details:

Home Address			
Person to be contacted in an EMERGENCY	1)	2)	3)
EMERGENCY contact number			
Relation to student			
Medical Aid			
Membership number			
Medical aid Scheme / Plan			
E-mail address where invoice & newsletter may be sent.			
MEDICAL INFORMATION: (This can protect your child)			
Name of Child:	D.O.B	School:	
	/ /	Class:	
Medical Condition	Pls. circle	Further Information or Instruction	
Allergy Particularly Bee Sting allergy	YES / NO		
Breathing Disorder Particularly Asthma	YES / NO		
Ear Disorder Particularly drainage tubes or deafness	YES / NO		
Epilepsy Mild / Severe / Medication	YES / NO		
Fainting / Dizzy Spells Or sudden loss of consciousness	YES / NO		
Other relevant information			
Lesson Start Date:	Day:	Time:	

SWIMMING LESSONS MAY NOT COMMENCE UNTIL ABOVE FORMS HAVE BEEN SIGNED BY PARENT / GUARDIAN (One per student) and REGISTRATION TERM FEES HAVE BEEN PAID AND UP TO DATE (One per student)

Dear Parent please answer the questions below

Child Name _____ Age: _____

Questions	Yes / No
1. Does your child like the bath?	Yes / No
2. Does your child like to shower?	Yes / No
3. Does your child enjoy the pool?	Yes / No
4. Do you have access to a pool?	Yes / No
5. Has your child ever had a near drowning experience?	Yes / No
6. Have any family members had a near drowning experience?	Yes / No
7. Has your child done any Learn to Swim Lessons?	Yes / No
8. If your child has done lessons continuously, how long?	_____ _____ _____
Has your child had any negative water experiences. If Yes please elaborate.	Yes / No
Does your child suffer from anxiety near water? Please indicate what causes the anxiety	Yes / No _____ _____ _____ _____
Can your child: 1. Submerge under water comfortably 2. Swim unassisted for 2 meters 3. Swim unassisted 5 meters 4. Swim unassisted 10+ meters 5. Swim recognised strokes	Yes / No Yes / No Yes / No Yes / No Yes / No
What would you like us to achieve in the faculty of swimming for your child over the next year?	_____ _____ _____ _____
Keep informed: I love to assist parents as much as I can. You are welcome to contact me when you need some help on how to get your child to develop further. This can be done two ways. WhatsApp me directly with your question or follow my Facebook page for videos and posters updated.	WhatsApp: 082 454 1323 Facebook Page: https://www.facebook.com/12Swim/