



info@12swim.co.za 082 454 1323
sms / WhatsApp

Indemnity & Code of Conduct 2025

I the undersigned _____ (Print Name) School & Class Teacher: _____

Parent/Guardian of _____ (Swimmers Name), ___/___/___ (DOB) _____ hereby:
Please Print Neatly Nickname

- Consent to (the above student) participating in the 1 2 Swim cc Swimming Lessons. For Reports, certificates and attendance register please go to: <https://12swim.swool.io/ss/register/> all students must register on line and sign these documents. 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
- Agree that while I accept that 1 2 Swim cc, its members, employees and officers will take every reasonable precaution against harm or loss occurring, I hereby indemnify 1 2 Swim, its members, employees and officers, affiliated companies and the owner of the premises against all or any loss or damage, whether to person or property from any cause whatsoever and howsoever arising, which may be sustained directly or indirectly by/ to the minor or the minor's property during participation in the above tuition.
- I authorise 12 Swim Management Team and / or swim instructors to discipline the student in an appropriate positive manner and I agree they have the authority to withdraw the student from the lesson for their own or other student's safety set in the code of conduct or rules set down by 1 2 Swim cc from time to time and cancel the lesson if deemed necessary.
- Agree that in emergency circumstances that an authorised representative of the 1 2 Swim Management Team and /or Swim Instructors has the power to authorise whatever treatment, he/she in their sole discretion deems necessary for me/the student, and in doing so agree that such representative shall act *loco parentis*. I agree further that I shall be responsible for the payment of all medical and/or hospital accounts, where applicable, should an injury be sustained by me/the student whilst on participating in the 1 2 Swim Swimming Lessons.
- Agree to Payment Terms & **Terms notice period given in this contract**. Consent is given that the above student may be collected from agreed school in school hours at agreed swim slot time to be transported by the 1 2 Swim cc Contractor only in the 7Km radius for their lesson and then returned to the school. Should any swimming fees be outstanding then lessons will be suspended until account has been paid up to date. Unfortunately, no credit notes will be passed should the student/s not attend.

I acknowledge having read the abovementioned terms and conditions which I, the undersigned, accept & sign on behalf of the student:

Signed: _____ (Parent 1) ID: _____.

Print Name: _____ **Contact Number:** _____

Please Print Neatly

E-mail : _____ **Date:** _____

Please Print Neatly

Signed: _____ (Parent 2) ID: _____.

Print Name: _____ **Contact Number:** _____

Please Print Neatly

E-mail : _____ **Date:** _____

Please Print Neatly **Allergies:** _____ ***Treatment:** _____ *

Medical Aid Name: _____ *

Medical Aid No.: _____ (must fill in please)*

Principal Members ID: _____ *

Please Note: The Student may not commence swimming without forms, please sign and returned to the teacher / facilities to be processed.

Dear Parent please answer the questions below so that I can take notes and pre allocate your Childs lessons in smaller groups from the very first lesson until we finalise the groups of the class.

Dear Parent please answer the questions below

Student Name: _____ Age: _____ Class: _____

Questions	Yes / No
<ol style="list-style-type: none"> Does your child like the bath? Does your child like to shower? Does your child enjoy the pool? Do you have access to a pool? Has your child ever had a near drowning experience? Have any family members had a near drowning experience? Has your child done any Learn to Swim Lessons? If your child has done lessons continuously, how long? 	<ol style="list-style-type: none"> Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No _____ _____ _____ _____
Has the Student had any negative water experience or Anxious around water? If Yes please elaborate.	Yes / No _____ _____ _____ _____
Can all family members swim? Please indicate are they too young too old, don't want to learn.	Yes / No _____ _____ _____ _____
<u>Can your child:</u> <ol style="list-style-type: none"> Submerge under water comfortably Swim unassisted for 2 meters Swim unassisted 5 meters Swim unassisted 10+ meters Swim recognised strokes 	<ol style="list-style-type: none"> 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?	_____ _____ _____
<u>Keep informed:</u> 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/



Scan in to register:

On Line registration is for reports, certificates and attendance register