

BUTTERFLY SWIMMING ACADEMY

Come out of the cocoon, spread your wings and pursue your dreams

APPLICATION FORM

| | | | | | | |
|--------------------------------------|---------------------------------|-------------------|---|------|--------|-------|
| DATE OF REGISTRATION | | DD | MM | YYYY | PHOTO | |
| BATCH TYPE | REGULAR BATCH | SUMMER CAMP | | | | |
| PREFERRED TIMING FOR SWIMMING | | | | | | |
| 6:00 AM - 6:45 AM | 7:00 AM - 7:45 AM | 4:00 PM - 4:45 PM | | | | |
| 5:00 PM - 5:45 PM | 6:00 PM - 6:45 PM | 7:00 PM - 7:45 PM | | | | |
| | | | | | | |
| 1 | NAME OF THE APPLICANT | | | | | |
| 2 | DATE OF BIRTH / AGE | | DD | MM | YYYY | YEARS |
| 3 | GENDER | | MALE | | FEMALE | |
| 4 | S / D / W / H / o | | | | | |
| 5 | ADDRESS | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6 | PHONE Nos. | | | | | |
| | | | | | | |
| 7 | OCCUPATION / CLASS STUDYING | | | | | |
| 8 | ORGANISATION / SCHOOL NAME | | | | | |
| 9 | KNOWN HEALTH ISSUES / ALLERGIES | | | | | |
| 10 | HOBBIES | | | | | |
| | | | SIGNATURE OF THE APPLICANT | | | |
| | | | IN CASE OF MINOR, SIGNATURE OF FATHER / MOTHER | | | |

TERMS AND CONDITIONS

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|----|---|
| 1 | Medical Certificate from a Registered Medical Practitioner shall be submitted on the day of joining along with Application Form |
| 2 | Proper swimming costumes and caps are compulsory while swimming. Beginners must wear Red Coloured – plain texture Cap |
| 3 | Other Swimming Gear / Equipment like Ear plugs, Swimming Goggles, Kickboard, Snorkel, Arm Paddles etc. shall be carried for each class |
| 4 | Children below 7 years shall always be accompanied by a Parent / Guardian |
| 5 | Beginners shall not cross the barrier put up for restricting them to a specified area for their own safety. In case of violation of this restriction, they shall be doing at own risk |
| 6 | Swimmers are allowed to swim only in the allotted time |
| 7 | Anyone suffering from Skin disease / Cough and Cold shall not be allowed in the pool |
| 8 | All shall ensure that their hand nails/ leg nails are cut so that they do not cause any injury to other Swimmers |
| 9 | Swimmers shall not spit in / pollute the pool in any manner |
| 10 | Before entering the pool the swimmer shall take shower |
| 11 | Smoking and Alcohol Consumption is STRICTLY PROHIBITED inside the Pool premises |
| 12 | Ornaments of any kind such as chains, rings, bangles, etc. are not permitted to be worn while Swimming |
| 13 | Pets are not allowed inside the Pool premises |
| 14 | Fee for regular batches shall be paid by 5th of each month |
| 15 | Rights of admission are reserved with the Coach |

DECLARATION

I hereby certify that,

- **I have read all the above Terms and Conditions and hereby undertake to abide by them.**
- **All the details mentioned above in the application form are correct to the best of my knowledge.**
- **I have noted down all possible allergies or health conditions, in the application form, and I have discussed and informed the coaches about them.**

SIGNATURE OF THE APPLICANT

IN CASE OF MINOR, SIGNATURE OF FATHER / MOTHER