SWIMWAYS SWIMMING SCHOOL

TERMS AND CONDITIONS

Fees are payable in advance before commencement of lessons. The annual enrolment fee of R240 is due when joining Swimways and at the start of the new season in January at the start of each year. Fees are to be paid either by ETF to Account Name: Mrs MH Smith, Account Number: 1594762560, Bank: Capitec, Branch Code: 470010 and Account Type: Savings, Reference: Child's name or payment can be made in cash in an envelope with your child's name and surname, teacher/day/time and amount enclosed and handed directly to either Margie Smith, Jade Smith or Idene Stephenson.

Ones months' written notice is required on cancellation of contract.

We are closed for the month of July and on public holidays.

Make up lessons will be given if the teacher is sick or unable to give a lesson.

Lessons missed because your child is not able to attend will be forfeited. If a child is sick we will endeavor to make up lessons at available slots. There are no make up lessons for poor weather conditions however we will make sure there are enough lessons provided in a month. There are no refunds for missed lessons.

POOL RULES

Parents are expected to remain on the property at all times during their child's lessons, unless alternatively arranged by your school as an extra mural.

Children are not to run in the pool area.

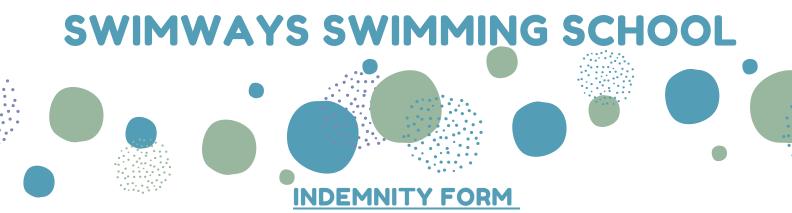
No child is permitted to enter the water without permission from the swimming instructor/s. Parents are responsible for the safety of their child before the start of the lesson and immediately after the lesson has been given. Children are to be collected from the swimming instructor/s promptly after their lesson.

Instructors can give feedback and or answer questions via email, telephonically or by appointment. They should not be distracted at any time of the lessons for health and safety reasons as well as preventing them from commencing the next lesson.

Swimming caps are compulsory. These aid in pool cleanliness and keeps hair out of the face to avoid distraction.

Parents are requested to remain in the seating area whilst the lesson is in progress.

| | PLEASE DATE, SIGN AND COMPLETE THE BELOW | | | | |
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| L | | PARENT OR | PARENT OR | | |
| | DATE | GUARDIAN'S NAME | GUARDIAN'S SIGNATURE | CHILD'S NAME | |



INSTRUCTOR MARGIE SMITH, JADE SMITH OR IDENE STEPHENSON

| l parent or guardian or participant, (Your Name and ID number/passport number) |
|---|
| consent that I register |
| my child or myself to learn to swim or train in Swimways Swimming School classes. I agree that it is my |
| responsibility to be aware and accept the disclaimer that I am agreeing to on behalf of my child or myself. |
| |

I will abide by the rules stated on the Registration Form.

By signing this form, I have read and understood and explained the rules stated on the Registration Rules form to my child.

I understand that I am responsible to ensure the safety of my child on entering and leaving Swimways Swimming School premises. I am aware that the activities organized by Instructors Margie Smith and/or Jade Smith and/or Idene Stephenson or assistant instructors can be a hazardous activity. By participating in any training sessions I agree that I will not make any claim or take any action against Margie Smith and/or Jade Smith and/or Idene Stephenson, Swimways Swimming School or assistant instructors for any injury, loss, death or other damage to us, our family, heirs, assigns and/or property, howsoever caused, as a result of our participation in the aforesaid activity and/or use of equipment and/or facilities in connection with the aforesaid activity.

I give Instructor Margie Smith and/or Jade Smith and/or Idene Stephenson or anyone of assistance the right to call an ambulance or send a child to a medical practitioner if deemed necessary at the parents or guardians expense. I will not allow my child to play or train if they are unwell or injured unless deemed fit by a qualified practitioner. I will inform Instructors of any minor ailments or injuries before participating in any aforesaid activities.

I agree to pay for training sessions prior to each month or term on the last class of the previous month or term. I agree that I will not interfere with the instructor's decisions and I will not coach from the sidelines. It is the parent's responsibility to supervise their child before and immediately after swim class. All beginners and children below 8 years must be supervised before, during and after classes by a responsible adult.

PLEASE DATE, SIGN AND COMPLETE THE BELOW

| PLEASE | PLEASE DATE, SIGN AND COMPLETE THE BELOW | | | | |
|--------|--|-----------|--------------|--|--|
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| | | | | | |
| DATE | PARENT OR | PARENT OR | CHILD'S NAME | | |