



In Conjunction with
Torpedo Swim Team

DE LA SALLE SWIMMING TEAM

REGISTRATION FORM

Swimmer's Personal Details:

Name _____ D.O.B: _____ NRIC: _____

Address _____ (_____)

E-mail _____ Gender: _____

***Medical conditions/Allergies/Learning Difficulties:** _____

Please list any conditions your child has including skin allergies, diabetes or epilepsy.

Parent/ Guardian Contact Information:

Name: _____ Relationship: _____

Contact Numbers:(Hm) _____ (Work) _____ (Hp) _____

IMPORTANT!

The Coach reserves the right to cancel lesson in events of bad weather conditions or other dangerous causes.

I, _____ would like my child/ ward _____ to

participate in the school's swimming program organized by Torpedo Swim Team & Services.

"I hereby undertake to indemnify De La Salle School and Torpedo Swim Team & Services, its employees, staffs, teachers & coaches against all claims arising out of death, injury, damage or loss suffered or caused in the course of Swimming. This includes all costs and expenses incurred as a result of such claims."

I agree to all of the terms & conditions on this form & fully understand the out-lines of the program



Signature _____

Date _____