

# TORPEDO LIFE-SAVING PROGRAM



Torpedo Swim Team  
& services

(Please submit this registration form with all particulars filled where appropriately)

## Participant's Personal Details

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ NRIC: \_\_\_\_\_

Address: \_\_\_\_\_ S(\_\_\_\_\_)

E-mail : \_\_\_\_\_ Gender: \_\_\_\_\_

Current Swimming abilities or certificates attained: \_\_\_\_\_

Please produce copy of certificate Ex. (SSC Elementary/ Intermediate, NASSA Bronze, Silver or Gold) upon submission.

\*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:(Hp) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

\*(Hand-Phone number recommended as latest information and notifications will be sent through SMS)

## 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 Life-Saving Program organized by Torpedo Swim Team & Services.

"I hereby undertake to indemnify 'Fairway Club of Palm Resort' as the Venue and 'Torpedo Swim Team & Services' as the service provider, its employees, staffs, teachers & coaches against all claims arising out of death, injury, damage or loss suffered and caused in this program. 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 of Parent \_\_\_\_\_

Date \_\_\_\_\_

AquaPac

Life-Saving

Payment Amount: \$