



Application Form for the Belair Swim Programme
43 DeCarteret Road, Mandeville
Telephone: (876) 962 – 2168, 962 – 0216

Welcome to swim Belair! We are looking forward to a great time of fun as you learn to swim or sharpen up on your skills.

Each lesson is a one hour session in which you will be guided by a professional instructor.

Fee structure \$5000/student/term; \$6000.00/adult/term

Please fill out the information below:

Name of Student _____

Age Range: 4-6 () 7-11 () 12-14 () 15-20 () adult ()

School _____ Telephone Contact _____

Swimming level: Beginner () Intermediate () Advance ()

Indicate preferred day and time for classes: Day: _____ Time _____

Adults only: Saturdays 10 – 11 a.m.() 11 – 12 a.m. () 4 – 5 p.m. () 5 – 6 p.m. ()
Sundays 3 – 4 () (Date and time to be confirmed on first come first served basis)

Does the student suffer from or has been treated at any time for any of the following conditions?

Asthma () yes () no

Heart condition () yes () no

Ear Infection () yes () no

Hearing problem () yes () no

Muscle spasm or cramps () yes () no

Signature (parent/guardian)

Signature (School official)

Note: **All fees must be paid at the School's business office, and a swim pass obtained.**

Female students are required to wear **ONE PIECE** bathing suits **ONLY**

All students are required to wear a **SWIM CAP**.



BELAIR SCHOOL ASSUMPTION OF RISK, RELEASE AND INDEMNITY

In consideration of Belair School (the "Belair School") accepting _____ ("the Student") for admission into the Swim Program ("Swim Program") being conducted at the Belair School and in consideration of the services rendered by Belair School, its employees, agents, officers, board members, directors, trustees, instructors, coaches, and/or representatives of any kind, including without limitations parents or guardians assisting in the Swim Program described herein (all collectively referred to herein as "Representatives") I/We,

_____, the parent(s) or guardian(s), of the said _____ agree as follows:

1. I/We have voluntarily requested that the Student participate in the said Swim Program.
2. I/We also understand the Student may not be skilled in the said activity and Belair School has informed us that certain risks are inherent in the activity and cannot be eliminated without destroying the unique character of the said activity.
3. These risks may include, without limitations, the inherent dangers related to swimming, fall, bodily injury drowning, injury caused by malfunction or failure of any equipment, problems or issues related to transportation - the transportation to and from thereof of the respective location including accidents. I/We also understand that the foregoing description of these risks is incomplete and these risks and other unlisted, unknown or unanticipated risks may result in injury or death.
4. I/We hereby agree to assume and accept full responsibility for all risks relating to the Swim Program whether or not specifically identified above and to freely release and indemnify Belair School or the Representative from and against all claims **SAVE AND EXCEPT THOSE BROUGHT ABOUT OR RESULTING FROM THE GROSS NEGLIGENCE OF BELAIR SCHOOL OR THE REPRESENTATIVE.**
5. I/We consent to the Student participating in the activity in spite of, and with full knowledge of, risks which may be associated with that activity. I/We understand that engaging in any activity may require a degree of skill and knowledge which the Student may not possess and that the Student has responsibilities to listen to any instructions, warnings and risk assessments and to follow instructions of Belair School and its Representatives.
6. I/We understand Belair School /its Representative may remove the Student from the Swim Program for any breach of safety policies, or any conduct that is deemed to be unsafe.

7. I/We understand that this Assumption of Risk, Waiver and Indemnity is binding on the me, my heirs, assigns and agent.
8. I/We have carefully read this Assumption of Risk, Release and Indemnity, understand its contents and are aware I am/we are releasing certain legal rights I/we may otherwise have.
9. I/We sign this Assumption of Risk, Release and Indemnity of our own free will, with full authority to do so on behalf of ourselves and the Student with the intention of being legally bound.

DATED THIS _____ DAY OF _____ 20__

PARENT OR GUARDIAN