

BUBBLES SWIMMING SCHOOL

Member of PSTCA and SSA

Cell: 083 3060 689 Office: 082 439 2281 Mail: admin@bubbleswimschool.co.za

ENROLMENT FORM FOR ADULT

SWIMMING CONTRACT OF ENROLMENT

Between

BUBBLES SWIMMING SCHOOL/YOLANDA Mc LEAN

And

THE STUDENT

Please mark relevant to your lessons:

Mon & Wed		Time slot:	
Tues & Thru			
Sat			

Where did you hear of us:

Website	Friend /Family	Vehicle Branding	Billboard
Other:			

Name: _____ Surname: _____

Date of Birth: _____ Age: _____

Physical Address: _____

Postal Address: _____

Email Address: _____

Cell: _____ Work Tel.: _____

Person responsible for payment of fees: _____

Any relevant information the swimming school ought to know; ailments; allergies etc _____

I have read and understand the rules of Bubbles Swim School and agree to abide by them. ***I agree to pay any fees owed to the school using a debt order, or using a written alternately agreed payment method; and to give one calendar month written notice to terminate the contract.*** I further agree to the condition that; while every precaution will be taken for the safety and welfare of me/my child(ren) and for the care of my/his/her possessions, during extra-mural or private lessons I will hold blameless and indemnify all persons, Bubbles Swim School and all other organizations associated with the activity should any prejudice, loss, damage, illness or injury occur to me/my child(ren) during the swimming activity. This includes an indemnity against recovery of cost resulting from damage, loss and/or medical conditions or hospitalization, unless such loss is caused by the negligence, willfulness or deliberate act of Bubbles Swim School or one or more of its employee's. I understand that I am responsible for the minor outside of their lesson time. This waiver is unconditional and is given in both my personal capacity and as a father/mother/natural/legal guardian of any minor concerned.

Signed Date: _____ (Day) _____ (Month) _____ (Year)

I.D. Number _____ Signature _____

Office Use Only:

<u>ACC.Nr:</u>	<u>List:</u>	<u>D 6</u>	<u>Debt Order</u>	<u>Note:</u>
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Please read and sign Terms and Conditions for 2016

1. General

- 1.1 Bubbles Swim School is open from January to December with a break over the Easter Holidays;
- 1.2 To ensure that each learner receive the best instruction: all lessons will commence punctually and finish according to the roster provided or times agreed;
- 1.3 ***In cases where a learner cannot attend a lesson: alternate arrangements can be made to compensate for the lesson. Additional charges WILL be levied accordingly;***
- 1.4 Should any lesson be cancelled by the instructor: alternate arrangements will be made to compensate for the lessons
- 1.5 Once a single payment has been made: it is accepted that the terms and conditions of Bubbles Swim School; as set out in this document, are wholly accepted and agreed to by the parent/guardian and/or student/swimmer;
- 1.6 Bubbles Swim School will not be liable for the misplacement or loss of any articles belonging to the swimmer.

2. Fees and Payment options

Registration Fees

- 2.1 A non – refundable annual registration fee of R180 per swimmer, payable in January or on commencement of the contract will be levied.

Payment Options

All payments are to be made using the Debit Order facility.

Alternate payment arrangements must be made via a direct agreement with Bubbles Swim School. These arrangements can be made by contacting the school's admin office.

- 2.2 A penalty of 10% of the value of the outstanding amount will be levied for accounts are not settled after two months (60 Days);
- 2.3 Accounts are not settled after two months (60 Days) will be handed over to debt collectors.
- 2.4 All cost associated with the collection of fees from debt collector will be for payable by the account holder;
- 2.5 If debt order collection fails there will be an additional charge of R 100 per transaction.
- 2.6 Annual fee increases will be effective from 1st September of the every year
- 2.7 **Discount rates for siblings, family groups and full year payments can be arranged with the school's admin office.**

3. Notice Period

- 3.1 Notice is to be given **one calendar month** before discontinuing swimming lessons. All notices must be email to admin@bubbleswimschool.co.za before 7th of the month. No verbal or SMS cancellation will be accepted. Failing to do so will result in the account holder being liable for that months instruction fees.
- 3.2 **No notice will be accepted in October for the cancelation of November and December.**
- 3.3 **No notice will be accepted in March or April for cancellation of lessons.**
- 3.4 **Notice for June/July winter break must be emailed to admin@bubbleswimscholl.co.za before 7th May.**
- 3.5 **Notice that a fee of R100 per month will be payable during winter break to keep your time slot.**
- 3.6 **During December and any school holidays: the full month's fees are still to be paid even if the swimmer does not attend the lessons.**

Please do not hesitate to contact me for further information.

BANKING DETAILS:

Bubbles Swimming School / Y.Mclean
Standard Bank
Current: 062797603
Branch:001155
REF: ACC Nr

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Authority given by:

Name of Swimmer(s):

Name of Accountholder:

Name of Bank:

Branch:

Branch Code:

Account Number:

Type of Account: Current (cheque) / Savings / Transmission

Identity Number of Accountholder:

Mobile Number of Accountholder:

Email Address of Accountholder.....

Initial amount including enrolment fee to be debited (once off): R.....

Instalment amount to be debited: R..... (Or contract amount)

Date on which Instalments are to be debited (Pick one): 25th..... 30th..... 1 st..... of the month

I hereby authorise you to issue and deliver monthly payment instructions to *Three Peaks* (With an annual increase in September) to my bank for collection against my above-mentioned bank account at my above-mentioned Bank. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, the Beneficiary will be entitled to add R100.00 penalty fee and to debit my account again in 7 days. I understand that the withdrawal hereby authorised will be processed through a computerized system provided by the South African Banks. I also understand that details of the withdrawal will be printed on my bank statement I acknowledge that all payment instructions issued by *Three Peaks* shall be treated by my above mentioned Bank as if the instructions have been issued by me personally.

Cancellation

This mandate will commence on signature hereof and continue until this mandate is terminated by me/us by giving not less than 30 days written notice and sent to the Beneficiary at the address recorded bellow or emailed to admin@bubbleswimschool.co.za. I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment

I/We acknowledge that this Mandate may be ceded or assigned to a third party only if our Agreement is also ceded or assigned to the same third party. In the absence of such assignment of the Agreement, this Mandate cannot be assigned to any third party.

Third Party Payment Provider.

I/we hereby acknowledge that the Beneficiary has appointed Three Peaks payment House to execute the entire debit order process and act as the Beneficiaries appointed Third Party Payment Provider.

Signed at: on this day of 201_____

..... Signature/s as used for operating my/our bank account