

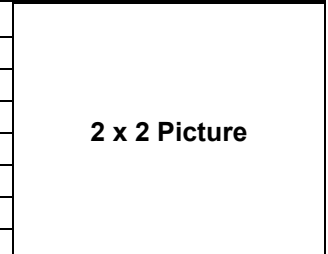


2401 Tejeron St., Sta. Ana, Manila 1009  
 Tel.: (632) 563-5532  
 Fax: (632) 563-5532 loc.104  
 www.bertlozadaswimschool.com

WEB FORM

**REGISTRATION FORM**

Surname :	Middle Name :
First Name :	Nick Name :
Date of Birth :	Age :
School/Company :	
Contact No(s) :	
Cell phone No(s) :	E-mail :
Mailing Address :	



**IN CASE OF EMERGENCY:**

Parent / Guardian / Spouse:	
Occupation:	
Company Name:	
Contact No:	E-mail Address :

**HOW DID YOU LEARN ABOUT OUR SWIM SCHOOL?**

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Magazine	<input type="checkbox"/> Television	<input type="checkbox"/> Referred by Friends
<input type="checkbox"/> Internet	<input type="checkbox"/> Flyers	<input type="checkbox"/> Banners	<input type="checkbox"/> Others (Please specify) _____

**FOR OFFICIAL USE ONLY**

Student No. :	Venue :	Receipt No. :
Date Enrolled :	Lessons valid till :	
Program : <input type="checkbox"/> My Baby and Me	<input type="checkbox"/> Kids	<input type="checkbox"/> Adults
Course : _____	<input type="checkbox"/> Others _____	
Mode of Payment : <input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____ Bank _____	Amount: _____

Remarks :	Processed by :
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**WAIVER**

This is to certify that as of (date of enrollment) \_\_\_\_\_ (name of the student) \_\_\_\_\_ has been examined by a physician and has been found to be **PHYSICALLY AND MENTALLY FIT** to undergo the different activities of the BERT LOZADA SWIM SCHOOL (hereinafter "Swimming Program").

Having considered the benefits that (name of the student) \_\_\_\_\_ will derive from his/her participation in the *Swimming Program*, and having UNDERSTOOD that every precaution will be taken by the management to insure his/her safety during his/her swimming lessons. We hereby release and forever discharge Bert Lozada Swimming School, Inc. (hereinafter, "BLSS"), a corporation organized and existing under and by virtue of Philippine laws, with principal office at 2401 Tejeron St., Sta. Ana, Manila, and any of its officers, agents, employees, successors and assigns, of and from any and all claims, demands, causes of actions, damages, costs, expenses, attorneys fees and obligations of any nature whatsoever, known or unknown, in law or in equity, which the undersigned now have or may hereafter have, arising out of or in any way connected with any untoward incident that may happen after (name of student) \_\_\_\_\_ has been dismissed from his/her swimming lessons. For this purpose, we hereby undertake to pick up (name of student) \_\_\_\_\_ immediately after the designated schedule of his/her swimming class.

We are fully aware that the course fee we paid for are **non-transferable** and **non-refundable** for whatever reason.

I also understand that photos and videos are occasionally taken at *Bert Lozada Swim School* and I agree/consent and that any photo / video taken of my child may be used for *Bert Lozada Swim School* publicity purposes.

We have read and fully understood the contents of this Waiver, the validity of the lessons, as well as the *Swimming Program Guidelines* hereto attached and made an integral part hereof, and we agree to the terms and conditions herein and undertake to comply with them, as evidenced by our signatures herein-below.

\_\_\_\_\_  
Signature over printed Name of Father / Date

\_\_\_\_\_  
Signature over printed Name of Mother / Date

\_\_\_\_\_  
Signature over printed Name of student / Date  
(for 18 years old and above)



# Rules and Guidelines

## Registration

- Payment in full is due before the start of any session. Fill in the Registration Form completely, including contact numbers and signature.
- Teacher-student ratio is being observed. **FIRST COME FIRST SERVE** policy is implemented.

## Cancellation

- No make-up lessons for missed or cancelled lessons. Exception for absences due to illness, upon presentation of a valid medical certificate. **If Bert Lozada Swim School cancels a lesson for any reason make-up arrangements will be made.**

## Refunds

- No refunds. Upon a physician's confirmation of a need to cancel, the cost of the remaining lessons less five hundred pesos administrative fee (P500) will be refunded. If required, re-scheduling will be done completely at **Bert Lozada Swim School 's** discretion.

## General

- **NO ID, NO LESSON POLICY.** A temporary ID will be issued for a fee of Php50.00 valid only for the day. In case of lost ID, a replacement will be issued for a fee of Php100.00 and shall be valid for the remaining lessons.
- Please be prompt for scheduled lessons. Lesson time will be forfeited due to tardiness and will not be made up. Sign up for your attendance every time you come for the lesson.
- Students must stay out of the pool prior to and after lessons. We want everyone to be safe and have fun! Please watch all siblings as well.
- No smoking on the premises.
- All sessions must be completed within the validity period. Lessons will not be carried over to the following year.
- With the exception of the Baby & Me class, anyone accompanying students must remain away from the pool. Family and friends can view lessons from the designated area.
- Secure your valuables. Bert Lozada Swim School & management of the venue shall not be liable for any loss.
- The company and the management of the venue shall not be liable for untoward incidents, which may occur after the swimming class.
- We reserve the right to accept only those families who abide by our patient child-centered philosophy; to remove from our program those families that do not abide by the philosophy, fall to follow rules, use foul language, or are disrespectful to teachers, staff or fellow classmates.