

Student Application Form⁺

Please complete form and submit to our registration booth on or before the first day of the student's swimming lessons.



VENUE **IMMACULATE CONCEPTION ACADEMY**

info@calswimschool.com

Tel No: (02) 723-7041

(02) 925-2853

10 Grant Street, San Juan, Metro Manila

(0920) 420-7777

Please enter your information in the text boxes in English and CAPITAL LETTERS

Personal Details

Family Name

Given Name(s)

Date of Birth Month Day Year Age

Gender Male Female

Home Address

Email Address

Contact Person

Relation

Email Address

Join our Newsletter Yes Get the latest News & Promos No

Mobile Telephone

Twitter Instagram

Please attach one photograph of yourself

Nickname

Schedule

Section A: M-F, 8:00-9:00AM Section E: M-F, 1:00-2:00PM

Section B: M-F, 9:00-10:00AM Section F: M-F, 2:00-6:00PM

Section C: M-F, 10:00-11:00AM

Section D: M-F, 11:00am-12:00PM

Special:

Special Classes are valid for one (1) month after the first session.

Start Date Month Day Year

Waiver

I/We, as parents/guardians hereby attest that to the best of my/our knowledge, that my child has no physical impediment, agrees to abide by all rules and regulations, and waive the Ayala Heights Village and Coach A. Lim Swimming Inc. and all its personnel from any and all forms of injury sustained or damage suffered as a result of his/her physical condition and participation in this activity.

Signature

Name

Date Month Day Year

Note: Students will only be allowed to make-up for classes missed due to illness or disease. Only those who have fully paid will be allowed to join the swimming lessons. Once lessons have begun, no refund will be entertained.