

OZONE

Swimming Academy

Colour
Photograph
(Stamp Size)

ENROLLMENT FORM

Name : _____ Contact No.: _____

Address : _____

Date of Birth (DD/MM/YY) : _____ Male/Female : _____

School / College : _____

School / College Timings : _____

Previously Represented Pool/Club: _____

Swimming Information:

- Level in Swimming (Tick Appropriately)

Level	Participation	Medalist
Inter School Meet		
Inter Club Meet		
GMAAA (Sub Jr./Jr.)		
MSAAA / State Level		
Nationals - Sub Jr. /Jr. School		

- Present Timings (Distance applicable to your age group)

Distance/Stroke	Freestyle	Breast Stroke	Back Stroke	Butterfly	IM
50 mtrs.					
100 mtrs.					
200 mtrs.					
400 mtrs.					

Waiver and Indemnity Agreement with Ozone Swimming Academy

I, the undersigned, parent/guardian of the above mentioned candidate for membership to the Ozone Swimming Academy, do hereby give my approval and consent to his/her participation in any and all Swim Team activities during the current season. I understand that the Ozone Swimming Academy is a member of the Greater Mumbai Amateur Association. I assume all risks and hazards incidental to such participation, including transportation to and from such activities.

I do hereby absolve, release, indemnify and agree to hold harmless the Ozone Swimming Pool & Academy, Swim Craft Aquatic Management, the organizers, sponsors, directors, coaches and participants for any liability-accident proximately caused by the negligence of myself and the participant named above which may occur during practice and swim meets, transportation to and from practice and swim meets or any activity connected with the swim team or league.

I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE AND INDEMNITY AGREEMENT

Sign of Coach (On Admission)

Parent / Guardian Name: _____

Contact No: _____

Signature: _____

Date: _____