



INDEMNITY FORM

KOMMETJIE PRIMARY SCHOOL

SWIMMING POOL



I, _____ (print name) furthermore indemnify and absolve the aforesaid school, Board of Governors, its staff, participating parents and the Western Cape Education Department against all claims of whatsoever nature and howsoever arising directly or indirectly out of my participation in using Kommetjie Primary School Swimming Pool.

Dated at Kommetjie on _____ (Date) _____ (Signature)

Contact Details:

Cell # _____

Email: _____

Emergency # _____

Name of Emergency Contact: _____

Family card Members

We the undersigned have read the above:

1. _____ (Age _____) _____ (Signature)
2. _____ (Age _____) _____ (Signature)
3. _____ (Age _____) _____ (Signature)
4. _____ (Age _____) _____ (Signature)

FAMILY

IMPORTANT

ALL SWIMMERS MUST:

- WEAR SWIMMING CAPS
- COMPLETE THE 1TICK COVID DECLARATION PRIOR TO EVERY SWIM
- TAKE CARE TO LOCK AND PLACE KEY IN THE STORAGE LOCK BOX
 - KEEP THE CODE FOR THE LOCK BOX CONFIDENTIAL
- CLOSED ON PUBLIC HOLIDAYS
- ALL CHILDREN MUST BE SUPERVISED BY AN ADULT AT ALL TIMES