

SWIM BABIES SWIM LLC

STUDENT REGISTRATION

Child's Name _____ Age _____ DOB _____
Month/day/yr

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Email _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Pediatrician's Name _____ Phone Number _____

Has your child participated in any prior swimming lessons? _____

Do both parents know how to swim? Mother _____ Father _____

How did you hear about the program? _____

List below any major medical conditions your child has had and date of occurrence. If your child is currently under a physician's care and or is taking any medications please give a brief description below:

I give permission for this child to participate in aquatic activity with _____.
To the best of my knowledge, this child is in good physical health and not suffering from any condition that would prevent them from engaging in this aquatic activity.

Signature of Parent or Legal Guardian _____ Date _____

I give my permission for any pictures taken in conjunction with swim lessons to be used for promotional and/or advertising purposes only. Yes _____ No _____

I have thoroughly read and agree with the information on the "Dear Parent Letter." Initial _____

MEDICAL AUTHORIZATION/RELEASE OF LIABILITY

Name of participant: _____

Name of parent/guardian of participant: _____

I, the parent/guardian of the participant, hereby authorize any representative of Swim Babies Swim LLC, to have the participant treated in the event of any medical emergency during their participation in Swim Babies Swim program.

Furthermore, the parent/guardian of the participant agrees to pay all costs associated with the medical care and transportation for the participant to any medical provider. We furthermore certify that the participant is in good physical health and (if required) has been seen by a doctor or Pediatrician for the purpose of enrolling in this program.

The participant and the parent/guardian of the participant agree to indemnify and hold harmless Swim Babies Swim LLC, and/or its instructors, officers, directors, agents and employees against any liability resulting from any injury including death, that may occur to the participant who is participating in this program. The participant and the parent/guardian of the participant also agrees to indemnify Swim Babies Swim LLC, and/or its instructors, officers, directors, agents and employees from any damages incurred arising from any claims or causes of action by or on behalf of any participant.

I further certify that I have read the above Medical Authorization Release of Liability.

Signed: _____
(Parent/guardian of participant)

Date: _____