

WELCOME TO LITTLE SWIMMERS

REGISTRATION FORM	Instructor_____	Time_____
OFFICE USE ONLY	Date of Lessons_____	Weeks_____
	P SP M&M GM PM FT SN	<input type="checkbox"/> <input type="checkbox"/>
Payment_____		

*****Please fill out the information below*****

Participant's Name_____ Age_____

Parent's Names_____

Address_____ Zip Code_____

Telephone: Home_____ Business_____

MEDICAL HISTORY

Name of Physician_____ Telephone_____

In case of emergency contact_____

Relationship_____ Telephone_____

- Please inform us of any physical or mental health/medical conditions we should be aware of here:_____

I (we) authorize emergency medical care for the participant(s), and I (we) further herby agree to hold harmless, Little Swimmers, from any and all liability arising from the use of the pool or facilities and release all claim arising from the use of the pool and facilities and I (we) understand there will be no cash refunds.

***There will be a \$30.00 charge on all returned checks.**

***There will be a \$5.00 charge for any payment received after Tuesday.**

****PLEASE READ****

The ONLY classes that will be made up will be those cancelled by Little Swimmers due to inclement weather. Make up classes that are rescheduled and then missed, will not be rescheduled again.

How did you hear about us? Magazine Internet Friends

- I am aware Little Swimmers may take pictures of my child during activities at the pool. These images may be used in our website and/or marketing material.
- Please exclude my child from any pictures.

Signature of parent/guardian

Date

Signature of parent/guardian

Date