

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"/>
Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> LS Credit <input type="checkbox"/> Check <input type="checkbox"/> Amount \$ _____		<input type="checkbox"/> <input type="checkbox"/>
Memo _____		

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

Participant's Name _____ Age _____

Parent's Names _____

Address _____ Zip Code _____

Telephone _____ Email _____

Emergency Contact _____

Relationship _____ Telephone _____

MEDICAL HISTORY

Name of Physician _____ 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 hereby 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 that no types of refunds will be issued.

*** 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.

- 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