



SWIMMER REGISTRATION FORM

Please fill out the following information by printing legibly, and return the form to The Swim School with your payment.
Your child's place in this class is not guaranteed until we receive this registration form and payment in full.

Child's Name				M/F		DOB		Age	
Mother's Name				Father's Name					
Mailing Address				City		State		Zip	
Phone #1		Phone #2		Phone #3		Phone #4			
_____ @ _____									
E-mail Address									
Photography Waiver									
Here at The Swim School we take lots of pictures, some of which are posted on bulletin boards around the school or published on our newsletter and/or website. Please initial your consent or opposition below.									
<input type="checkbox"/> _____ Consent (consent form attached)					<input type="checkbox"/> _____ Opposed To Pictures				
Emergency & Medical Information									
Does your child have an allergy/medical condition that could be adversely affected by exercise or swim lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.									
Emergency Contact: Name & Phone # of a person (other than parent/guardian) we can contact									
Name					Phone				
Below For Office Use Only									
Date Received:					Entered By:				
<input type="checkbox"/> Auto-Pay Form		<input type="checkbox"/> Waiver			<input type="checkbox"/> Photo Consent		<input type="checkbox"/> Policies		