



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.			
** We reward children with M&M chocolate candies or Skittles. Absolutely no peanut products are used.			
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