



## Swim Lessons Registration Form

~ Office Use Only ~

Program Name: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ Preferred Days/Times: \_\_\_\_\_

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### Student Information

- Child's Full Name: \_\_\_\_\_
  - Nickname (if any): \_\_\_\_\_
  - Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
  - Gender (optional): \_\_\_\_\_
  - Current Swim Level: ☐ Beginner ☐ Intermediate ☐ Advanced ☐ Not Sure
  - Selected Class: ☐ Mommy & Guppy 1 ☐ Mommy & Guppy 2 ☐ Turtle 1 ☐ Turtle 2 ☐ Seahorse 1 ☐ Seahorse 2 ☐ Dolphin 1 ☐ Dolphin 2 ☐ Sting Ray 1 ☐ Sting Ray 2 ☐ Aqua 1 ☐ Aqua 2
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### Parent / Guardian Information

- Parent/Guardian Name: \_\_\_\_\_
  - Relationship to Child: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
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### Emergency Contact

- Name: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
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## Medical & Safety Information

- **Does the child have any medical conditions, allergies, or special needs?**  
☐ No ☐ Yes (please explain):  
\_\_\_\_\_
  - **Has the child ever had seizures, asthma, heart conditions, or other conditions that may affect swimming?**  
☐ No ☐ Yes (please explain):  
\_\_\_\_\_
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## Swimming Experience

- **Has your child taken swim lessons before?** ☐ Yes ☐ No
  - **If yes, where and for how long?** \_\_\_\_\_
  - **Comfort level in water:** ☐ Nervous ☐ Comfortable ☐ Very Confident
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## Photo & Video Consent (Optional)

I give permission for my child's photo or video to be used for promotional or educational purposes.

☐ Yes ☐ No

Parent/Guardian Initials: \_\_\_\_\_

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## Policies & Waiver

I understand that swimming involves inherent risks. I release and hold harmless the swim instructor, facility, and affiliates from any liability for injuries or accidents except in cases of gross negligence. I agree to follow all pool rules and instructor guidelines.

- **Parent/Guardian Signature:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
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## Payment Information

- **Program Fee:** \$\_\_\_\_\_
  - **Payment Method:** ☐ Cash ☐ Zelle ☐ Credit/Debit ☐ Other: \_\_\_\_\_
  - **Payment Status:** ☐ Paid ☐ Pending
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### ~ Office Use Only ~

Instructor Assigned: \_\_\_\_\_

Class Start Date: \_\_\_\_\_

Notes: \_\_\_\_\_