

Swim Program Registration Form

Please complete all sections below to enroll your child

* Required fields



Student Information

STUDENT FIRST NAME *

STUDENT LAST NAME *

DATE OF BIRTH *

GENDER *



Parent / Guardian Information

PARENT'S FULL NAME *

GUARDIAN'S FULL NAME

EMAIL ADDRESS *

PHONE NUMBER *

HOME ADDRESS

Street address, City, ZIP



Health Information

KNOWN HEALTH CONDITIONS / ALLERGIES / MEDICATIONS *

Please describe any medical conditions, allergies, or medications we should be aware of. If none, write 'None'.

EMERGENCY CONTACT NAME & PHONE *

Name — (305) 000-0000



Swimming Level

PLEASE SELECT YOUR CHILD'S CURRENT SWIMMING ABILITY *

NON-SWIMMER

BEGINNER

INTERMEDIATE

ADVANCED

COMPETITIVE

ADDITIONAL NOTES ABOUT SWIMMING ABILITY

Any additional details about your child's experience in the water.



Liability Waiver

WAIVER & RELEASE OF LIABILITY

In consideration of my child's participation in the swim program offered by iSwim Miami LLC (hereinafter "the Company"), I, the undersigned parent or legal guardian, hereby acknowledge, agree, and represent the following:

1. Assumption of Risk. I understand that swimming activities involve inherent risks, including but not limited to drowning, slipping, physical injury, and other hazards. I voluntarily accept these risks on behalf of my child.

I have read, understand, and agree to the Liability Waiver above on behalf of my child. *



Photo & Media Release

WAIVER OF RELEASE – PHOTOGRAPHS & VIDEO

I hereby grant iSwim Miami LLC and its authorized representatives permission to photograph and/or record video of my child during swim classes and related events.

Permitted Uses. These images and recordings may be used for educational, promotional, marketing, or social media purposes by iSwim Miami LLC, including but not limited to websites, flyers, social media platforms, and print materials.

No Compensation. I understand that no compensation will be provided to me or my

PHOTO & MEDIA CONSENT *

I AUTHORIZE PHOTO/VIDEO USE

I DO NOT AUTHORIZE PHOTO/VIDEO USE

 **Signature**

By signing below, I confirm that all information provided is accurate and that I agree to the terms outlined in this registration form, including both waivers above.

FULL PRINTED NAME *

Your full legal name

TODAY'S DATE *

Jun 3, 2026

SIGNATURE * — DRAW IN THE BOX BELOW

Sign here with your mouse or finger

Draw your signature above

Clear

Submit Registration →

