



Infant Water Survival of F.W LLC

Infant Aquatics Survival Registration Form

Reg. fee: \$80.

Weekly tuition: \$100.

Lesson Type: Infant Aquatics Refresher

I learned about this program through:

Website Facebook Friend Ad Other

Student Information:

Name _____

Age in Years _____ Months _____ Date of Birth _____

Parent or Guardian's Contact Info:

Name _____

Home Phone _____ Cell Phone _____

Email _____

Street

Address _____

City, State

ZIP _____

Mother's Name _____ Mother's Occupation _____

Father's Name _____ Father's Occupation _____

Aquatic History (check all that apply)

Family has or vacations near: Pool Hot Tub Pond Lake River Canal Ocean

Boat Other

Pervious Aquatic Experience (if applicable) Program/Where?

Aquatic Accident or Incident No Yes Please explain _____

Used a floatation device? No Yes Type and how long? _____

Medical Information or Problems: (check all that apply)

Seen by Medical Specialist Bowel or Bladder ADD

or ADHD

Surgery

Gastro-Esophageal Reflux

Sensory Integration or dysfunction

___Head Injury/loss of consciousness ___Seizures/Asthma
 ___Learning Disability
___Cardiac Abnormality/Murmur ___Ear Infections/Ear tubes ___Therapy
 OT/PT

List all current medications and treatments:

Infant Aquatic Survival Consent Form/Release Form

Waiver/Release for Liability and Medical Treatment

Registration is not complete until this form is completed with payment. The participant and family of the participant hold Barbara Throne and Infant Water Survival LLC, owner of pool being used for lessons, or any of their agents, harmless of any and all liability. I fully understand the release the aforementioned entities of any liability. I hereby authorize any medical treatment in case of emergency.

Parent /Guardian Signature: _____
Date: _____

Consent

I have discussed the nature of Infant Aquatics lessons and understand the nature of Infant Aquatics lessons. I authorize my child _____, to participate in Infant Aquatics lessons with Barbara Throne and Infant Water Survival LLC

Parent/Guardian Signature: _____
Date: _____

I give my consent for photos or videos taken of my child while in lessons may be used for future promotion.

Parent/Guardian signature: _____
Date: _____

Payment-Cancellation Policy

Payment of Class Fees Policy: The registration form/ fee reserves you time slot for your child's lesson. The weekly tuition for classes are due every Monday. All class fees are non-refundable. Please sign up and pay only after you have decided to make attending the lessons a priority.

Makeup Policy: Swim lessons should be made a priority in your child's life. Skipping lessons are not good for your child especially in this type program. We do not offer Make-up Classes due to your child missing class (except for child illness). If classes are cancelled due to a pool or weather problem, make-up days will be scheduled.

Parent or Guardian's Signature _____
Date _____