



REGISTRATION FORM

* OFFICE USE ONLY *

Instructor _____ Time _____
Date of Lessons _____
Private Mom & Me Group
Payment _____

***** Welcome to Little Swimmers, please fill out the information below*****

Participant's Name _____ Age _____

Parent's Names _____

Address _____

Telephone: Home _____ Business _____

MEDICAL HISTORY

Name of Physician _____ Telephone _____

In case of emergency contact _____

Relationship _____ Telephone _____

- Please inform us of any physical or mental health/medical conditions we should be of:

I (we) authorize emergency medical care for the participant(s), and I (we) further hereby agree to hold harmless, Little Swimmers, from any and all liability arising from the use of the pool and facilities and release all claims arising from the use of the pool and facilities and I (we) understand there will be no cash refunds.

There will be \$30.00 charge on all returned checks.

**** PLEASE READ ****

The ONLY classes that will be made up will be those canceled by Little Swimmers due to inclement weather. Make up classes which are rescheduled and then missed will not be rescheduled again.

How did you hear about us: Resource Living Miami Family Magazine Friends
 Internet Other _____

I am aware Little Swimmers may take pictures of my child during activities at the pool. These images could be used in our website and/or marketing material.

I would like to opt out.

Signature of parent/guardian

Date

Signature of parent/guardian

Date