

Float to Stroke Swim School ☐
REGISTRATION

CHILD'S NAME _____ SEX M F

AGE _____ BIRTH DATE _____ WEIGHT _____

MOM'S NAME _____ DAD'S NAME _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ (work) _____ (cell) _____

E-mail Address: _____

How did you hear about this program? _____

Child's medical history (Surgery, seizures, hospitalizations, chronic diarrhea, ear infections etc.) _____

Child's swimming history: _____

Has your child used a flotation device? What kind and how long?

Has your child ever had any kind of accident or incident in the water? _____

Does your child like the bath or shower? _____

Is anyone in your family afraid of the water? _____

I intend to have my child participate in lessons for approximately _____ weeks.

When my child is ready, I intend to have him/her swim in his/her clothing. Yes or No

RELEASE

I the parent or legal guardian of _____ for and in consideration of the services rendered by Lisa Hogge including swimming lessons, water safety, and other related water activities release Lisa Hogge from any actions or suits in law or aquatic relationship with Lisa Hogge.

I have read and understand the document provided by Lisa Hogge entitled "Information Letter"

Date _____ Parent or Guardian _____