



## Float to Stroke Swim School Registration Form

Child's Name: \_\_\_\_\_ Sex: M F

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Email(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

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? If so, 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? Yes or No

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 clothes. 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/ Guardian Signature: \_\_\_\_\_