



Home of Infant Aquatics

Registration and Medical/Release Form

I learned about this program through: (Please check all that apply)

Flier Physician Magazine Ad Newspaper Ad Friend Day-Care Center Other

Swimmer Information:

Child's Name:		Date Of Birth:
(first name)	(last name)	Gender: Male or Female
Street Address:		
City:	GEORGIA	Zip:
Mother's Name:		Mother's Occupation:
Father's Name:		Father's Occupation:
E-mail:	Home Phone:	Cell Phone:

Swimmer's Medical Information - Please check all that apply

<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Ear tubes
<input type="checkbox"/> Surgery	<input type="checkbox"/> CPR	<input type="checkbox"/> Lactose intolerant	<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Therapy: OT/PT	<input type="checkbox"/> Allergies
<input type="checkbox"/> Seen by Medical specialist	<input type="checkbox"/> Gastro-Esophageal reflux	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Heart murmur or defect	<input type="checkbox"/> Bowel or bladder problem	<input type="checkbox"/> Fever longer than 48 hours

Note/Explanation:

Current medications or treatments:

Aquatic History

Is your child around any of the following either at home, family members, friends or vacation?

Pool Hot tub Lake/Pond Canal River Ocean Boat Other:

Previous Aquatic Experience: Program type: _____ Where: _____

Has your child ever had an aquatic accident? No Yes

Please Explain: _____

Has your child used a floatation device? No Yes. Type of device: _____ For how long? _____

Agreement and Authorization

I have discussed and understand the nature of this program. I give my consent to Nathaniel du Toit or any authorized AquatiKids LLC representative for my child to participate in this program as indicated above. I also agree that any pictures or videos taken of my child while in lessons may be used for future SwimKids of Georgia, Inc., Home of Infant Aquatics promotions. By signing this I understand that there are no refunds, for any reason.

Parent Signature _____ Date _____

Waiver Release Form for Liability/Medical treatment

Registration is not complete until this form is signed and returned. The participant and family of participant hold AquatiKids, LLC, their agents, employees and/or volunteers harmless of any and all liability. I fully understand and release the aforementioned entities of any liability. I hereby authorize any medical treatment, which may be advised while attending lessons.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

~Please check one:

- Floater 4X/week 10min (6mo.-12mo) AquatiKids LLC Private 2X/Week 20min SwimKids Private 4X/Week 20min
 other - please specify: _____ Shoe Size: _____

~Please check all that apply:

- Mon/Time: _____ Tues/Time: _____ Weds/Time: _____ Thurs/Time: _____
 Fri/Time: _____ Sat/Time: _____ Date Scheduled to begin: _____