

Swimmer's Registration Form

Make payment to:

Gail Harris

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Woodlands Infant Aquatics

The Woodlands, Texas



www.texasinfantaquatics.com

Lesson Type: Infant Aquatics Group Fun Day Stroke Development

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

Demonstration Physician Ad Car Sign Friend Website 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 _____

Medical Information or Problems: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Seen by Medical Specialist | <input type="checkbox"/> Bowel or Bladder | <input type="checkbox"/> ADD or ADHD |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Gastro-Esophageal Reflux | <input type="checkbox"/> Sensory Integration or Dysfunction |
| <input type="checkbox"/> Needed CPR | <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Head Injury/Loss of Consciousness | | |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Therapy: OT/PT |
| <input type="checkbox"/> Cardiac Abnormality/Murmur | <input type="checkbox"/> Allergies | |
| <input type="checkbox"/> Fever for More Than 48 Hours | <input type="checkbox"/> Ear Infections | |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Ear Tubes | |

List all current medications or treatments: _____

Aquatic History (check all that apply)

Family has or Vacations Near: Pool Hot Tub Pond Lake River Canal
 Ocean Boat Other _____

Previous Aquatic Experience (if applicable) Program/Where? _____

Aquatic Accident or Incident? No Yes Please explain. _____

Used a flotation device? No Yes Type/how long in use? _____

Consent

I have discussed the nature of Texas Infant Aquatics lessons and understand the nature of Texas Infant Aquatics lessons. I authorize my child, _____, to participate in Texas Infant Aquatics lessons with Gail Harris, Woodlands Infant Aquatics. I also give my consent for any photos or videos taken of my child while in lessons may be used for future promotions.

Parent or Guardian's Signature _____

Date _____

Waiver/Release for Liability and Medical Treatment

Registration is not complete until this form is completed, signed, and returned with payment. The participant and family of the participant hold Gail Harris, Woodlands Infant Aquatics their agents, employees, or any of their agents, and apprentice instructors harmless of any and all liability. I fully understand and release the aforementioned entities of any liability. I hereby authorize any medical treatment in case of emergency.

Parent or Guardian's Signature _____

Date _____