

## Swimmer's Registration Form

Make payment to:

Gina Slagle

Phone: 972-880-9971

E-mail: buckbranch-gina@hotmail.com

BuckBranch Farm

316 South Goode Road

Wilmer, TX 75172



[www.texasinfantaquatics.com](http://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 Gina Slagle. 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 Gina Slagle, her 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 \_\_\_\_\_