

Swimmer's Registration Form

Make payment to:

Jennifer DeLaCruz
Phone: 469-878-3979
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Infant Aquatics of Tarrant County
2409 Meadow Creek
Bedford, Texas 76021



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)

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

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 Jennifer DeLaCruz, Infant Aquatics of Tarrant County. 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 Jennifer DeLaCruz, Infant Aquatics of Tarrant County 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 _____