

Swimmer's Registration Form

Make payment to:

Tracey Panzer-Michelle

Phone: 214-535-2285

E-mail: floatingkiwis@gmail.com

Floating Kiwis Swim School

422 Highland Blvd

Richardson, Texas 75081



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 Tracey Panzer-Michelle, Floating Kiwis Swim School. 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 Tracey Panzer-Michelle, Floating Kiwis Swim School 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 _____