

DAWSON AQUATICS

Student Registration

Student Name _____ M F

Age _____ DOB _____

Address _____

City _____ Zip _____

Phone _____

E-Mail _____

How did you hear about Dawson Aquatics? _____

Mother's Name and Occupation

Father's Name and Occupation

Pediatrician's Name and Phone

List any and all physicians, therapists, or other medical personnel this student has been seen by and the purpose for the visit (excluding well check-ups) as well as any physical exceptionalities. Continue on an additional page if necessary. **Please write NONE if there have been none.** Note: Due to the nature of the teaching techniques used, any child who has a history of seizures might not be a candidate for the program. Other issues will also be considered on a case by case basis.

List any prior swim instruction.

List child's siblings and their ages.

I give permission for my child to participate in aquatic activity. My child is in good health and physical condition, and is not suffering from any condition that would prevent my child from engaging in this activity.

Photographs and video may be taken in conjunction with lessons. I understand and agree that they may be used for informational and advertising purposes.

I have read the Parent Guide and No Flotation Devices Agreement, have had the opportunity to ask the Instructor any and all questions that I/we may have, and understand that by signing this registration form I'm/we're agreeing to the terms described therein.

Signed _____

Dated _____