Online Registration

Child's name *(Required)*

First

Date of birth *(Required)*

mm/dd/yyyy

Age

Male / Female *(Required)*

Street address

Street Address

City

ZIP / Postal Code

Mother's Name

First

Occupation

Father's Name

First

Occupation

Email

Cell

ADD/ADHD Asthma Chronic condition

Ear infections Ear tubes Heart murmur/defect

Premature birth weeks

Seizures Reflux Other:

Water Experience: (Is your child around any of the following at home, family members, friends, or on vacation?)

- ☐ Pool
- ☐ Lake/Pond
- ☐ River/Canal
- ☐ Ocean
- ☐ Boat

Previous swimming lessons? Program type

Where

Has your child ever had an accident involving water? *(Required)*

- ◉ Yes
- ○ No

Does your child have a fear of water? *(Required)*

- ◉ Yes
- ○ No

Does your child use a flotation device? *(Required)*

- ◉ Yes
- ○ No

Type of device

How long?

How did you hear about this program?

- ○ Day Care
- ○ Facebook Flyer
- ○ Web search
- ○ Pediatrician
- ○ Friend
- ○ Other

Registration is not complete until this form is signed and returned. The participant and participant's family hold Little Swimmers of Georgia, LLC, and any employees or volunteers harmless of any and all liability. I fully understand and release the entities of any and all liability. I hereby authorize any medical treatment necessary while attending lessons.

Parent Signature

Date mm/dd/yyyy

I understand that this is a Survival Swimming Program. I give my consent for my child to enroll in Little Swimmers of Georgia, LLC survival swimming program. I also agree that any pictures or videos taken of my child during lessons are the sole property of Little Swimmers of Georgia, LLC, and may be used for future Little Swimmers of Georgia, LLC promotions. By signing this form, I understand that there is a one-time, $50 non-refundable registration fee to secure my time slot and that there are no refunds for any unused lessons for any reason.

Parent Signature

Date mm/dd/yyyy

SUBMIT