

## Student Registration Form

Date

### Parent Information

First Name/Last Name

Address

City/State/Zip

Email Address

Home Phone/Cell Phone

Emergency Contact

Name/Phone

### Child Information

First/Last Name

Birthdate

Age

First/Last Name

Birthdate

Age

First/Last Name

Birthdate

Age

This form allows the parent/guardian to release Floaties Swim School LLC. from all liability for injuries which may be incurred while on the premises and/or taking part in the activities.

Has your child had swim lessons before?      Yes      No

If so where?

How did you hear about Floaties?

\_\_\_\_\_  
**Parent Signature**