



Registration Card

Parent Information

First/Last Name _____

Address _____ City/State/Zip Code _____

Phone - Home/Cell _____ EmailAddress _____

Where did you hear about floaties? _____

Child Information

Name _____ Birthday _____ Age _____

Any previous swim lessons? _____ If so where? _____

Are there any specific needs we should know about your child?

Child Information

Name _____ Birthday _____ Age _____

Any previous swim lessons? _____ If so where? _____

Are there any specific needs we should know about your child?

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.

Signature

Date