

REGISTRATION FORM

Swimmer's Name: _____ Parent Name: _____

Cell Phone: _____ Email: _____

Swimmers Age when class starts YEARS _____ MONTHS _____ Gender F ___ M ___

Has your child ever taken swim lessons? Yes / No With us? Yes / No What year? _____

For your child's age, do you consider their ability: Beginner Average Advanced

Does your child have any special needs? _____

SWIM LESSONS 2024

Spring Break 1 week /5 sessions 8 weeks/8 sessions or 2 week/8 sessions

Parent & Tot	Ages 6 months -3years
Youth	Ages 3-12years
Stroke Development	Any Age, Requires Swim Test

Start Date: _____ **Time:** _____

Please Initial the following, stating that you have read the notices;

___ **Parking Notice:** Please do not park in front of the Orange Building. Parking for swim lessons is in the rear parking lot, north of the building.

___ **Sunscreen:** Must go on 30min before class or at home. Please no sunscreen on the pool deck. Sunscreen KILLS our filters and does no good for your child unless it is on 30MINS PRIOR to swim!!

___ **Weather:** Swim coach will contact regarding adverse weather. Please ensure that your phone number above is accurate. CONTACT PREFERENCE (Please Circle) **CALL TEXT**

Release of Liability:

In consideration of participant being allowed to participate in the registered Learn to Swim Class (s) or program(s), the undersigned hereby releases Sea Mint Pond Swim School, Emerald Coast Scuba, & Village Enterprises, Inc., their employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any act or omission of Sea Mint Pond Swim School, et al, its agents or employees. I verify that all of the above information is true and correct. I have also read, understand and will comply with the policies and procedures set by Sea Mint Pond Swim School and its Agents.

Signature of Parent/Legal Guardian

Date

Print name of Parent/Legal Guardian