

# Aqua Minnies Registration Form

CHILDS \_\_\_\_\_ FULL \_\_\_\_\_ NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F AGE: \_\_\_\_

Primary Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any and ALL medical conditions your child has or has ever had (Example: Surgery, tubes in ears, heart conditions, mental or physical complications, trouble eating or swallowing, breathing problems... etc.) EXCLUDING COMMON ILLNESSES:

\_\_\_\_\_  
\_\_\_\_\_

## Responsible Party

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Street: \_\_\_\_\_

Father's Name: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers (Please check the best cell number to text information/ cancellations to.)

Home: \_\_\_\_\_

Mothers Cell: \_\_\_\_\_

Fathers Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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 him/her from engaging in this activity. I agree to photographs and/or videos being taken of my child during lessons with my permission. I understand and agree that they may be used for informational and advertising purposes. I am aware that the prepayment of registration fees AND the first week of lessons are due upon signing and additional payments are due on Thursdays prior to the scheduled week. I understand that without prepayments that my child could be removed from the schedule. I understand that these lessons do not guarantee that my child will self rescue in the event of an accidental fall into the water. I have read and understand the rules and information for Aqua Minnies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

