

INFANT AQUATIC SURVIVAL REGISTRATION

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Registration Fee is \$100 for the first child,
\$50 for additional siblings registered
at the same time.

Registration Fee is non-refundable.
Please make check payable to Infant Aquatics.

How did you learn about this program: Ad Web
Friend/Referred By: _____ Phonebook Demo
Other: _____ Physician

STUDENT INFORMATION

Student's Name: _____ Age: ____ yrs ____ mos. D.O.B: _____
Address: _____ City: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____
Email: _____
Mother's Name: _____ Occupation: _____
Father's Name: _____ Occupation: _____

MEDICAL INFORMATION

Gender M F Meds currently taken: _____
Birth weight: _____ Birth height: _____ Pregnancy or delivery problems: _____
 Full term Premature Weeks premature: _____ ICU: _____ Oxygen needed: _____
Developmental milestones: Sit alone: ____ mos Crawl: ____ mos Stand alone: ____ mos Walk: ____ mos
Pediatrician's name: _____ Office phone number: _____

Please answer the following: (Circle Yes or No) If yes, please explain below.

Y N Seen by medical specialist	Y N CPR	Y N Seizures
Y N Bowel or bladder problems	Y N Chronic illness	Y N Lactose intolerance
Y N Surgery	Y N Head injury/loss of consciousness	Y N Asthma
Y N Heart murmur or defect	Y N Fever longer than 1 week	Y N Respiratory problems
Y N Allergies	Y N A.D.D. learning disorder	Y N Ear infections
Y N Gastro-esophageal reflux	Y N Therapy: OT PT Speech Other	Y N Ear tubes

For explanation: _____

AQUATIC HISTORY

Family has/vacations near: (Check box if applicable)
 pool hot tub pond lake canal boat other
Previous aquatics instruction: Y N
If yes, program type: _____ When: _____ Where: _____
Are all family members aquatically skilled? Y N Has your child ever had an aquatic incident/accident? Y N
If yes, please explain: _____
Has your child ever used a flotation device? Y N Type of device? _____ How long? _____

I understand the nature of IAS lessons. I give my consent for my child, _____ (name) to participate in this program. I have paid a non-refundable registration fee and I am committing my child to the IAS program for a minimum of six weeks of instruction. I understand that upon commencement of lessons, the six weeks' tuition is non-refundable should I choose to withdraw my child from the program. I also agree that any pictures or videos taken of my child while in IAS lessons, may be used for future IAS promotions.

Signature of Parent/Guardian

_____/_____/_____
Date