



Infant Aquatics / South Metro Registration

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How did you learn about this program:

Ad {which publication?} _____ Web Demo Physician Coupon
Friend/Referred By: _____ Other: _____

Family / Student Information

Student's Name: _____ Age: ___ yrs ___ mos. D.O.B. _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Phone: (H) _____ (W) _____ (C) _____

Emails: _____

EMERGENCY CONTACT: _____ **OTHER PICK-UP:** _____

Medical Information

Gender: Female Male Meds currently taken: _____

Birth Weight: _____ Birth Height: _____ Pregnancy or delivery problems: _____

Full Term Premature Weeks premature: _____ ICU: _____ Oxygen needed: _____

Development Milestones: Sit Alone: ___ mos | Crawl: ___ mos | Stands Alone: ___ mos | Walk: ___ mos

Pediatrician's Name: _____ Office Phone No: _____

Y N Seen by medical specialist
Y N Bowel or bladder problems
Y N Surgery
Y N Heart murmur or defect
Y N Allergies
Y N Gastro-esophageal reflux

Y N CPR
Y N Chronic illness
Y N Head injury/loss of consciousness
Y N Fever longer than 1 week
Y N A.D.D. learning disorder
Y N Therapy: OT PT Speech Other

Y N Seizures
Y N Lactose intolerance
Y N Asthma
Y N Respiratory problems
Y N Ear infections
Y N Ear tubes

For explanation: _____

Aquatic History

Family Has / Vacation Near: Pool Hot Tub Pond Lake Canal Boat Other

Previous Aquatic Instruction: Yes No

If yes, program type: _____ When: _____ Where: _____

Are all family members aquatic skilled? Yes No

Has your child ever had an aquatic incident / accident? Yes No

If yes, please explain: _____

Has your child ever used a flotation device? Yes No Type of Device: _____ How Long? _____

I understand the nature of IASM 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 IASM Program. I understand that upon commencement of lessons, the 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 IASM lessons, may be used for future IA promotions.

Signature of Parent/Guardian

Date