

Infant Aquatics Registration

Margie Williamson, (210) 422-1892

<http://www.infantaquatics.com>

infantaquatics@gmail.com

The ANNUAL REGISTRATION Fee is \$25

Payable to: Margie Williamson

Please write date(s) of lessons being paid for in MEMO of check.

You learned about this program from: Ad Web Friend Physician Other: _____

STUDENT INFORMATION

Students Name: _____	Age: _____ Years _____ mos.	DOB _____
Mothers Name: _____	Occupation: _____	
Fathers Name: _____	Occupation: _____	
Address: _____	City: _____	Zip: _____
Phone Numbers Home: _____	Work: _____	Cell: _____
Email: _____		

MEDICAL INFORMATION

Gender: male or female	Meds currently taking: _____			
Full Term _____	Premature _____	Weeks Premature _____	ICU _____	Oxygen needed _____
Preg. Or Delivery Problems _____				
Please answer the following: (circle Yes or No) If you answer 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	Y N Asthma		
Y N Heart murmur or defeat	Y N Fever Longer than 1 week	Y N Respiratory		
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 Oth	Y N Ear Tubes		
Explanations: _____				

AQUATIC HISTORY

Family has or vacations: (circle if applicable)		
Pool	hot tub	pond lake canal boat other
Previous aquatic instruction, if any:		
Program type: _____	Where: _____	When: _____
Has your child ever had an aquatic accident and/or incident: Y or N If yes, Please explain: _____		

Has your child ever used a flotation device? Y or N	Type of device?	How long?

I have discussed and understand the nature of Infant Swim lessons. I give my consent to Margie Williamson for my child, _____ (name) to participate in this program. I also agree that any pictures or videos taken of my child while in Infant Swim lessons may be used for future Infant swim promotions.

signature of parent or guardian

_____/_____/_____
date