



(504) 909-2220

www.swim-smart.net

swimsmartatharrys@live.com

Adult Swimmer Registration Form

Name		M/F	DOB	Age
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Mailing Address		City	State	Zip code
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Home Phone #1	Cell Phone #2	Work Phone #3	Phone #4
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E-Mail Address

PHOTOGRAPHY WAIVER

Here, at Swim-Smart @ Harry's, we take a lot of pictures, some of which are posted on bulletin boards around the school or published on our newsletter or our website. Please initial your consent or opposition below.

CONSENT

OPPOSED TO PICTURES

EMERGENCY & MEDICAL INFORMATION

Do you have an allergy/medical condition that could be adversely affected by exercise or swim lessons? Is there anything we should know? Yes No If yes, please explain.

EMERGENCY CONTACT: Name and phone # of a person (other than someone with you on premises) we can contact.

Name	Phone
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For office use only. For office use only. For office use only. For office use only. For office use only.

Date Received:	Entered by:
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Photo Release Initialed

Waiver

Policies Given to Student