



(504) 909-2220

[www.swim-smart.net](http://www.swim-smart.net)

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# Child Swimmer Registration Form

Child's Name		M/F	DOB	Age
Mother's Name		Father's Name		
Mailing Address		City	State	Zip code
Home Phone #1	Mom's Cell Phone #2	Dad's Cell Phone #3	Phone #4	
E-Mail Address				
<b>PHOTOGRAPHY WAIVER</b>				
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.				
<input type="checkbox"/> _____ CONSENT		<input type="checkbox"/> _____ OPPOSED TO PICTURES		
<b>EMERGENCY &amp; MEDICAL INFORMATION</b>				
Does your child have an allergy/medical condition that could be adversely affected by exercise or swim lessons? Are they <input type="checkbox"/> ADD <input type="checkbox"/> ADHD? Is there anything we should know? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
<b>EMERGENCY CONTACT:</b> Name and phone # of a person (other than a parent/guardian) we can contact.				
Name		Phone		
<small>For office use only. For office use only. For office use only. For office use only. For office use only.</small>				
Date Received:	Entered by:			
<input type="checkbox"/> Photo Release (if applicable)	<input type="checkbox"/> Waiver		<input type="checkbox"/> Policies given to Guardian	