



SWIM...FLOAT...SURVIVE

Just Us Swim Kids Registration and Medical/Release Form

I learned about this program through: (Please check all that apply)

Flier Physician Magazine Ad Newspaper Ad Friend Day-Care Center Other _____

Swimmer Information:

Child's Name:		Date Of Birth:
(first name)	(last name)	Gender: Male or Female

Street Address:

City:	GEORGIA	Zip:
-------	---------	------

Mother's Name:	Mother's Occupation:
----------------	----------------------

Father's Name:	Father's Occupation:
----------------	----------------------

E-mail:	Home Phone:	Cell Phone:
---------	-------------	-------------

Swimmer's Medical Information - Please check all that apply

<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Ear tubes
<input type="checkbox"/> Surgery	<input type="checkbox"/> CPR	<input type="checkbox"/> Lactose intolerant	<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Therapy: OT/PT	<input type="checkbox"/> Allergies
<input type="checkbox"/> Seen by Medical specialist	<input type="checkbox"/> Gastro-Esophageal reflux	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Heart murmur or defect	<input type="checkbox"/> Bowel or bladder problem	<input type="checkbox"/> Fever longer than 48 hours

Note/Explanation:

Current medications or treatments:

Aquatic History

Is your child around any of the following either at home, family members, friends or vacation?

Pool Hot tub Lake/Pond Canal River Ocean Boat Other:

Previous Aquatic Experience: Program type: _____ Where: _____

Has your child ever had an aquatic accident? No Yes

Please Explain: _____

Has your child used a floatation device? No Yes. Type of device: _____ For how long? _____

Agreement and Authorization

I have discussed and understand the nature of this program. I give my consent to Tatum Morris or any authorized J u s t U s Swim Kids representative for my child to participate in this program as indicated above. I also agree that any pictures or videos taken of my child while in lessons may be used for future Just Us Swim Kids promotions. By signing this I understand that there are no refunds, for any reason.

Parent Signature _____ Date _____

Waiver Release Form for Liability/Medical treatment

Registration is not complete until this form is signed and returned. The participant and family of participant hold Just Us Swim Kids, their agents, employees and/or volunteers harmless of any and all liability. I fully understand and release the aforementioned entities of any liability. I hereby authorize any medical treatment, which may be advised while attending lessons.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

~Please check one:

Floater 4X/week 10min (6mo.-12mo) SwimKids Private 2X/Week 20min SwimKids Private 4X/Week 20min

other - please specify: _____ Shoe Size: _____

~Please check all that apply:

Mon/Time: _____ Tues/Time: _____ Weds/Time: _____ Thurs/Time: _____

Fri/Time: _____ Sat/Time: _____ Date Scheduled to begin: _____