

Registration Form
SWIMBABES™

(Please Print)

1st Child: _____ **DOB:** _____

2nd Child: _____ **DOB:** _____

3rd Child: _____ **DOB:** _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Home Address: _____

City, State: _____

Zip Code: _____

Phone: evening: _____

Phone: daytime _____

Cell phone: _____

Fax Number: _____

E-mail Address: _____

Name of Pediatrician: _____

Phone Number: _____

Do you own a pool/hot tub or live near a body of water? _____

If so, please explain: _____

I understand that for insurance purposes, I will assume all responsibilities for my child's safety while on the school's premises. Also, my child has Pediatrician's approval for lessons and, to my knowledge, is free of any communicable disease and is in good health.

PLEASE READ AND SIGN REGISTRATION, POLICY FORMS AND WAIVER.

I agree to give my permission to use photos or videos of my child to Jackie Young for advertising purposes. I understand that **NO PHOTOGRAPHY OR VIDEOTAPING** may be done of the SWIMBABES™ classes, clinics, or show.

Signature of Parent or Legal Guardian: _____ **Date:** _____

Year: _____