



# Swim Lesson Registration Form

### Participant(s):

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

### Parent or Guardian Contact Information:

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ *(Please provide an e-mail address that you regularly check)*

Who can we thank for referring you? \_\_\_\_\_

Briefly describe the student's current swimming abilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the student have a disability?  Yes  No  Verbal  Non-Verbal

If yes, please detail the disability (autism spectrum, PDD, ADHD, visual/hearing impairment, motor skill issues, etc) and/or any special concerns we should be made aware of (fear of water, unpleasant experiences, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What motivates the student? \_\_\_\_\_

Please circle the day(s) you would like to take lessons M T W Th F Sa Su

What times are best? \_\_\_\_\_

Desired Lesson Type: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

I, *(please print)* \_\_\_\_\_, have read and agree to the conditions set forth in MarTar Swim School's Terms of Service. I further understand the policies contained in it are subject to change without notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

1. Day/Time: \_\_\_\_\_ 2. Start Date: \_\_\_\_\_ 3. File Date: \_\_\_\_\_ Initials: \_\_\_\_\_

4. SI Book Date: \_\_\_\_\_ 5. Tuition Type and Date: \_\_\_\_\_ 6. Private · Semi · Group - Babies

Pool Location: \_\_\_\_\_