

Infant Aquatic Survival Registration Form

Reg fee: \$45.00 Weekly tuition: \$75.00
4 week package:\$270.00 6 week package \$405.00

Make payment to:

Fit N Wise

Attn: Kim Emery, Aquatics
609 Medical Center Dr.
Decatur, TX 76234
940-626-1307
Email: kemery@wiseregional.com



www.infantaquatics.com

Lesson Type: Infant Aquatic Survival Refresher AQUABABY/TOT Strokes & Floats

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

Demonstration Physician Ad Car Sign Friend (who) Website Other

Student Information:

Name _____

Age in Years _____ Months _____ Date of Birth _____

Parent or Guardian's Contact Info:

Name _____

Home Phone _____ Cell Phone _____ Email _____

Street Address _____

City, State ZIP _____

Mother's Name _____ Mother's Occupation _____

Father's Name _____ Father's Occupation _____

Aquatic History (check all that apply)

Family has or Vacations Near: Pool Hot Tub Pond Lake River Canal Ocean
 Boat Other _____

Previous Aquatic Experience (if applicable) Program/Where? _____

Aquatic Accident or Incident? No Yes Please explain. _____

Used a flotation device? No Yes Type & how long in use? _____

Medical Information or Problems: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Seen by Medical Specialist | <input type="checkbox"/> Bowel or Bladder | <input type="checkbox"/> ADD or ADHD |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Gastro-Esophageal Reflux | <input type="checkbox"/> Sensory Integration or Dysfunction |
| <input type="checkbox"/> Needed CPR | <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Head Injury/Loss of Consciousness | <input type="checkbox"/> Seizures _ Asthma | <input type="checkbox"/> Therapy: OT/PT |
| <input type="checkbox"/> Cardiac Abnormality/Murmur | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fever for More Than 48 Hours |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Ear Tubes |

List all current medications or treatments:

Infant Aquatic Survival Consent/Release Form



www.texasinfantaquatics.com

Waiver/Release for Liability and Medical Treatment

Registration is not complete until this form is completed, signed, and returned with payment. The participant and family of the participant hold Kim Emery, Fit N Wise, WRHS, employees, or any of their agents, harmless of any and all liability. I fully understand and release the aforementioned entities of any liability. I hereby authorize any medical treatment in case of emergency.

Parent or Guardian's Signature

Date

Consent

I have discussed the nature of Infant Aquatics lessons and understand the nature of Infant Aquatics lessons. I authorize my child, _____, to participate in Infant Aquatics lessons with Kim Emery, Fit N Wise.

Parent or Guardian's Signature

Date

I give my consent for any photos or videos taken of my child while in lessons may be used for future promotions.

Parent or Guardian's Signature

Date

Payment- Cancellation Policy

PAYMENT OF CLASS FEES POLICY: Class fees save you a place in a class at a certain place and time. Full class fee must be paid to register for class. **All class fees are non-refundable.** Please sign up and pay only after you have decided to make attending the lessons a priority.

EXCEPTION: Notification in writing 15 calendar days before the first class meeting for a health related or family emergency issue (with documentation as applicable) a refund may be warranted. The decision to override our no refund policy shall not be made lightly and is final according to the decisions of the Aquatic Manager. Should a refund be made you may receive 50% of the class fee less (less the \$45.00 registration fee).

RESCHEDULE A COURSE: If you or a child is registered for a course but you desire to move to another course time or date the request must be in writing and be submitted 10 days or longer in advance. **(There will be a \$10 administrative fee)** No changes will be allowed less than 5 days prior to the first lesson.

MAKE UP POLICY: Swim lessons should be made a priority in your child's life. Skipping lessons are not good for your child especially in this type program. **WE DO NOT OFFER MAKEUP CLASSES** due to your child missing class. If classes are cancelled due to a pool or weather problem make up days will be scheduled.

Parent or Guardian's Signature

Date