

# Blue Tide Aquatics Splash Program

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## 2010 REGISTRATION FORM

Parents' First/Last Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Number, Street) (City) (Zip)  
Referral? \_\_\_\_\_ Registration Date: \_\_\_\_\_

### STUDENTS INFORMATION: (Please print all information)

First Name	Last Name	Birthday MM/DD/YY	Age	Sex M/F	Comments

### PROGRAM SELECTION

Check one, or put name next to if more than one child.

- \_\_\_\_\_ Level 1 – Beginner, very afraid. Probably won't want face in at first.  
\_\_\_\_\_ Level 2 – Beginner, not afraid, might put face in, but no experience.  
\_\_\_\_\_ Level 3 - no skills, NO FEAR! Very dangerous level, will jump in and go under.  
\_\_\_\_\_ Level 4 – Knows how to back float with help, can swim unassisted about 5 feet.  
\_\_\_\_\_ Level 5 – Can swim and breathe unassisted 20 feet or so, needs proper technique.

\*Note: All levels are only available in semi-private (2:1)

Preferred Session Date: \_\_\_\_\_

Preferred Lesson Schedule: (circle preference):

**Mon / Wed**

**Tues/Thurs**

3:00 - 3:30; 3:30 - 4:00; 4:00 - 4:30; 4:30 - 5:00; 5:00 - 5:30; 5:30 - 6:00; 6:00 - 6:30; 6:30 - 7:00; 7:00 - 7:30

Scheduling notes: \_\_\_\_\_

(For Office Use Only)

Received By: \_\_\_\_\_ Date \_\_\_\_\_  
Payment Method & # \_\_\_\_\_ Amount \_\_\_\_\_ Session \_\_\_\_\_ Registration Fee \_\_\_\_\_

# Blue Tide Splash Student History Form

## Contact Information:

Home Phone \_\_\_\_\_

Father WK Phone \_\_\_\_\_

Father's Cell \_\_\_\_\_

Mother WK Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_

**MAIN EMAIL** \_\_\_\_\_

Name & phone # of person regularly taking student to lesson \_\_\_\_\_

## Child's Medical History:

Student Name(s) \_\_\_\_\_

Taking Medication? \_\_\_\_\_

Name of medication

Reason for medication

Has child ever had a seizure? \_\_\_\_\_ Date of last known seizure

Special Needs? \_\_\_\_\_

Has child ever had traumatic experience in or around the water? \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

## Blue Tide Splash Policies/Procedures Agreement:

I \_\_\_\_\_ will not leave my child/children unattended during lessons. I have received, read, understand and agree to follow ALL the Blue Tide Splash policies and procedures regarding registration, scheduling tuition, refunds/credits, make-ups, safety and communications. (On website, read policies page.)

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Waiver/Release of Liability

## Blue Tide Aquatics Splash Swim Program

*PLEASE READ CAREFULLY BEFORE SIGNING.  
This is a release of liability and waiver of certain legal rights.*

I, \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in Blue Tide Aquatics Splash Swim Program and hereby agrees to indemnify and hold harmless Blue Tide Aquatics, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant during their participation in the Splash Program. The participant also agrees to indemnify Blue Tide Aquatics for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Blue Tide Aquatics to have the participant treated in any medical emergency during their participation in Splash Program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFIGANCE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian)