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Swim Kids

Registration Form

The BuckBranch Farm
316 South Goode Road
Wilmer, Texas 75172

Swimmer's Information

Child's Name _____ M or F D.O.B. _____ Age _____ yrs. _____ mos.
Child's Address _____ City _____, Texas Zip _____
Mother's Name _____ Father's Name _____ E-mail _____
Phone Numbers: Work _____ Home _____ Cell _____

Swimmer's Medical Information

Pediatrician's Name _____ Pediatrician's Phone Number _____

Please circle Y for "Yes" or N for "No" to the following. If the answer is "Yes," please explain below.

- | | |
|---|---|
| Y or N Pregnancy or delivery problems? | Y or N Asthma? |
| Y or N Premature birth? | Y or N Respiratory problems? |
| Y or N Currently taking any medication? | Y or N Bowel or bladder problems/infections? |
| Y or N Seen by a medical specialist? | Y or N Reflux? |
| Y or N Any surgeries? | Y or N Allergies? |
| Y or N Heart murmur/defect? | Y or N Lactose intolerance? |
| Y or N Ever revived by CPR? | Y or N Ear infections? |
| Y or N Head injury/Loss of consciousness? | Y or N Ear tubes? |
| Y or N Seizures? | Y or N ADD/Learning disabilities or disorders? |
| Y or N Experienced fever longer than 1 week? | Y or N Chronic Illness? |
| Y or N On any medication for longer than 2 weeks? | Y or N Therapy: occupational, physical, speech, etc.? |

Explanation: _____

Weight at birth _____ Height at birth _____ Age at which he/she could: Sit alone _____ Stand alone _____ Walk 2 feet _____

Swimmer's Aquatic History

Family members in house: Adults _____ Children _____ How many can swim? _____
Family has: Pool / Hot Tub/ Pond / Lake house / Boat/ Other _____ Has the child had an aquatic accident? _____
Does your child use floatation devices? Y N If so, what and how long? _____
Has your child participated in any other swim program? Y N If so, name, type, when, and how long? _____
How did you hear about Swim Kids at The BuckBranch Farm? _____

The information I have provided above is correct and complete. I have discussed and understand the nature of Swim Kids aquatic survival skills lessons and I give my consent to Gina Richardson for my child _____, to participate in this program. I understand there is a non-refundable \$35 registration fee that must be submitted with this registration form to enroll. I also agree that any pictures or video taken of my child during lessons may be used for future promotions.

Parent's Signature _____ Date: _____

Aquatic Survival Skills Skills Refresher/Booster Week Approx. beginning date & time _____ Registration fee received