



(318) 222-SWIM

www.theswimschool.org

Adult Swimmer Registration Form

Please fill out the following information, by printing legibly, and send the form back in the enclosed envelope to THE Swim School with your payment. Your place in this class is not guaranteed until we receive this registration form and payment in full.

Name		M/F	DOB	Age
Mailing Address		City	State	Zip code
Phone #1	Phone #2	Phone #3	Phone #4	
E-Mail Address				
PHOTOGRAPHY WAIVER				
Here, at THE Swim School, LLC, we take a lot of pictures, some of which are posted on bulletin boards around the school or published on our newsletter or our website. Please initial your consent or opposition below.				
<input type="checkbox"/> _____ CONSENT		<input type="checkbox"/> _____ OPPOSED TO PICTURES		
EMERGENCY & MEDICAL INFORMATION				
Does your child have an allergy/medical condition that could be adversely affected by exercise or swim lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
EMERGENCY CONTACT: Name and phone # of a person (other than a parent/guardian) we can contact.				
Name		Phone		
<small>For office use only. For office use only. For office use only. For office use only. For office use only.</small>				
Date Received:	Entered by:			
<input type="checkbox"/> Auto-Pay Form		<input type="checkbox"/> Waiver		<input type="checkbox"/> Policies

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