



Infant Water Survival of Fort Worth LLC

Barbara Throne

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

Demonstration • Physician Ad • Car Sign Friend 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 _____

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 Barbara Throne & Infant Water Survival of Fort Worth LLC Swim School harmless 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 Texas Infant Aquatics lessons and understand the nature of Texas Infant Aquatics lessons.

I authorize my child, _____, to participate in Texas Infant Aquatics lessons with Barbara Throne,

. I also 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

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)

Seen by Medical Specialist • Bowel or Bladder ADD or ADHD

Surgery • Gastro-Esophageal Reflux Sensory Integration or Dysfunction

Needed CPR Lactose Intolerant • Learning Disability

Head Injury/Loss of Consciousness

Seizures • Asthma Therapy: OT/PT

Cardiac Abnormality/Murmur

Allergies

Fever for More Than 48 Hours Ear Infections

Chronic Illness Ear Tubes

List all current medications or treatments:

