

# Swim School Registration



Date of Request \_\_\_\_\_

**OFFICE USE ONLY**

**PLEASE SELECT**

Private    Semi-Private    Group

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  Female

2nd Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  Female

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

How did you hear about MarTar Swim School? \_\_\_\_\_

What are the times and days you are available for lessons? \_\_\_\_\_

How many times a week would you like to take lessons? \_\_\_\_\_ When can you start? \_\_\_\_\_

What are your child's current swimming abilities? \_\_\_\_\_

What are your child's disabilities if any? (Please check)  Verbal  Non-verbal

Are there any special concerns/accommodations for your child? Medical conditions? What motivates your child? \_\_\_\_\_

By signing below you agree that you have read and understand the terms of service of MarTar Swim School, and understand that there will be no make-ups on the participants end.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Method of payment \_\_\_\_\_