## Student Information:

Name _____

Age in Months _____ Weight Now _____ DOB _____ Birth Weight _____

Milestones: Sit Unassisted_____ Crawl _____ Stand Alone _____ Walk _____

Street Address /City /State / ZIP

_____

## Parent or Guardian's Contact Info:

Mother _____Occupation _____

Phone _____ Cell _____ Email _____

Father _____Occupation _____

Phone _____ Cell _____ Email _____

## Aquatic History (Check All That Apply):

Previous Swim Lessons? Program/When? _____

Negative experience with water? _____

Flotation devices? _____ Comfort level in water _____

Family has/vacations or child is cared for near: Pool _____ Hot tub _____ Pond/Lake _____

River/canal/creek _____ Ocean _____ Boat _____ Other _____

## Medical Information (Check all that apply PAST or CURRENT):

| | | |
|---|---|---|
| ☐ On Prescription Medication | ☐ Sensory Processing Disorder | ☐ Cardiac Abnormality/ Murmur |
| ☐ Ear Tubes/Frequent Infections | ☐ Needed CPR | ☐ Allergies Epi-Pen?_☐_ |
| ☐ Special Needs /Exceptionalities | ☐ Learning Disability | ☐ Fever > 48 Hours |
| ☐ Seen by Medical Specialist/ER | ☐ Head Injury | ☐ Chronic Illness |
| ☐ Bowel/Bladder Infections | ☐ Loss of Consciousness | ☐ Fever > 5 Days |
| ☐ ADD/ADHD | ☐ Seizures | ☐ Chronic Diarrhea/ Constipation |
| ☐ Surgery (Not Circumcision) | ☐ Asthma/Chronic Respiratory | ☐ Continued Birth Complications |
| ☐ Gastro-Esophageal Reflux | ☐ Therapy: OT/PT | ☐ Other |

*Please explain any checks above and list any current medications or treatments. Need more space? Please attach a sheet.*

_____

_____

_____

If your child has or has had any of the above in his/her medical history, please make sure your instructor has this information at least 3 days prior to your first scheduled lesson. It is important that your instructor is able to fully understand your child's medical history in order to provide a safe and effective lesson. **You may choose to e-mail this form if you would like, but please understand that HIPAA guidelines prohibit me from requesting any medical information via unsecured electronic communication. Also, you will still need to bring a signed copy on the first day.**

The information I have provided is correct and complete. I have reviewed and signed both the Enrollment Packet and the Waiver of Liability and have discussed and understand the nature of the lessons provided by Starfish Swimmers/Erin Loewe and approve my child, _____, to participate in lessons.

Signature (Mom) _____Date _____Signature (Dad) _____Date _____

REQUIRED: PayPal Receipt # for Registration _____

***YOU MUST BRING A PRINTED/SIGNED COPY OF THIS FORM ON THE 1ST DAY OF LESSONS***