

Waterloo Swim School, LLC
FAMILY REGISTRATION FORM



Parent/Guardian Name:		
Address:	City:	Zip:
Home Phone:	Cell Phone:	Email:
Student #1 Name:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Please list any medical conditions, allergies or special needs we should be concerned about:		
Student #2 Name:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Please list any medical conditions, allergies or special needs we should be concerned about:		
Student #3 Name:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Please list any medical conditions, allergies or special needs we should be concerned about:		
Has your child/children taken swim lessons before? If so, where?		
How did you hear about us?		
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Home Phone:	Cell Phone:	

Please contact Waterloo Swim School to enroll in classes. Return the Family Registration Form, Waiver/Release of Liability, and Pool Policies along with payment to Waterloo Swim School.

Waterloo Swim School
 9121 Evening Primrose Path
 Austin, TX 78750
 (512) 921-9893
www.waterlooswimschool.com