

The SPOT Activity Center

SWIM LESSONS

Today's Date:		Family's Last Name:	
FAMILY INFORMATION			
Mother's name:		Father's name:	
Child's Name 1:	Child's Name 2:	Child's Name 3:	Child's Name 4:
[Birthday]	[Birthday]	[Birthday]	[Birthday]
Address:			
Email address:	Primary phone #:		Secondary phone #:
Mother's Occupation:	Father's Occupation:		
Your relationship to child/children: Mother _____ Father _____ Grandparent _____ Other _____			
EMERGENCY INFORMATION			
Name of local friend or relative to contact if parent(s) cannot be reached:		Relationship to child/children:	Primary phone #:
			Secondary phone #:
Any Allergies or Medical Conditions:			
List any medications that each child takes:		* LEVEL of SWIM experience:	
AGREEMENT			
<p>The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance that may accrue due to fees or purchases. I understand that a parent/adult must stay at the pool during my child's lessons. I am aware that The SPOT Activity Center is not a childcare center and is not licensed by DHR as such but, rather, is an ACTIVITY CENTER meant for my child/children's entertainment and enrichment. Swim Lessons are for enrichment and not guaranteed to make professional swimmers. The SPOT nor the swim instructor are responsible for your child outside of the swim lesson time. I authorize The SPOT Activity Center to call 911 in the event my child/children require(s) immediate medical attention.</p>			
<div style="border-top: 1px solid black; width: 100%;"></div> Parent/Guardian signature		<div style="border-top: 1px solid black; width: 100%;"></div> Date	