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# Swim Kids

## Registration Form

The BuckBranch Farm  
316 South Goode Road  
Wilmer, Texas 75172

### Swimmer's Information

Child's Name \_\_\_\_\_ M or F D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ yrs. \_\_\_\_\_ mos.  
Child's Address \_\_\_\_\_ City \_\_\_\_\_, Texas Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

### Swimmer's Medical Information

Pediatrician's Name \_\_\_\_\_ Pediatrician's Phone Number \_\_\_\_\_

Please circle Y for "Yes" or N for "No" to the following. If the answer is "Yes," please explain below.

- |   |   |
|---|---|
| Y or N Pregnancy or delivery problems?            | Y or N Asthma?  |
| Y or N Premature birth?                           | Y or N Respiratory problems?                          |
| Y or N Currently taking any medication?           | Y or N Bowel or bladder problems/infections?          |
| Y or N Seen by a medical specialist?              | Y or N Reflux?  |
| Y or N Any surgeries?                             | Y or N Allergies?                                     |
| Y or N Heart murmur/defect?                       | Y or N Lactose intolerance?                           |
| Y or N Ever revived by CPR?                       | Y or N Ear infections?                                |
| Y or N Head injury/Loss of consciousness?         | Y or N Ear tubes?                                     |
| Y or N Seizures?                                  | Y or N ADD/Learning disabilities or disorders?        |
| Y or N Experienced fever longer than 1 week?      | Y or N Chronic Illness?                               |
| Y or N On any medication for longer than 2 weeks? | Y or N Therapy: occupational, physical, speech, etc.? |

Explanation: \_\_\_\_\_

Weight at birth \_\_\_\_\_ Height at birth \_\_\_\_\_ Age at which he/she could: Sit alone \_\_\_\_\_ Stand alone \_\_\_\_\_ Walk 2 feet \_\_\_\_\_

### Swimmer's Aquatic History

Family members in house: Adults \_\_\_\_\_ Children \_\_\_\_\_ How many can swim? \_\_\_\_\_  
Family has: Pool / Hot Tub/ Pond / Lake house / Boat/ Other \_\_\_\_\_ Has the child had an aquatic accident? \_\_\_\_\_  
Does your child use floatation devices? Y N If so, what and how long? \_\_\_\_\_  
Has your child participated in any other swim program? Y N If so, name, type, when, and how long? \_\_\_\_\_  
How did you hear about Swim Kids at The BuckBranch Farm? \_\_\_\_\_

The information I have provided above is correct and complete. I have discussed and understand the nature of Swim Kids aquatic survival skills lessons and I give my consent to Gina Richardson for my child \_\_\_\_\_, to participate in this program. I understand there is a non-refundable \$35 registration fee that must be submitted with this registration form to enroll. I also agree that any pictures or video taken of my child during lessons may be used for future promotions.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Aquatic Survival Skills  Skills Refresher/Booster Week Approx. beginning date & time \_\_\_\_\_  Registration fee received