

# Swim Baby Swim, LLC

**Danielle Ruais**

C: (603) 722-9447 (Feel free to text if you prefer!)

Email: [swimbabyswimca@gmail.com](mailto:swimbabyswimca@gmail.com)

Website: [swimbabyswim.net](http://swimbabyswim.net)

**Pool address: 997 Canyon Heights, San Marcos, CA 92078**

---

## Registration Form

### Information:

|                |                 |
|----------------|-----------------|
| Student name:  | Cell phone:     |
| Age:           | Email Address:  |
| DOB:           | Street Address: |
| Mother's name: | City:           |
| Father's name: | Zip Code:       |

---

### Medical Information (indicate all that apply):

|                            |                 |                                  |
|----------------------------|-----------------|----------------------------------|
| Seen by Medical Specialist | Needed CPR      | Head injury / loss consciousness |
| Bowel or bladder           | Surgery         | Asthma                           |
| Gastro-esophageal reflux   | ADD or ADHD     | Seizures                         |
| Lactose intolerant         | Ear infections  | Cardiac abnormality              |
| Fever >48 hours            | Chronic illness | Snesory integration dysfunction  |
| Therapy: OT/PT             | Ear tubes       | Learning disability              |

Current medications and/or treatments:

### Aquatic History (Family has or vacations near):

|   |   |  |
|---|---|--|
| Pool  | Canal   | Other  |
| Hot tub   | Pond / lake   |  |
| Previous aquatic experience:<br>(Program type, location, etc) | Aquatic accident or incident:<br>(If yes, please explain) | Used a floatation device:<br>(If yes, type and how long) |

---

### I learned about the program through (indicate all that apply):

|           |        |         |
|-----------|--------|---------|
| Physician | Car Ad | Website |
| Ad        | Friend | Other   |

I have discussed and understand the nature of Swim Baby Swim, LLC lessons. I give my consent to Danielle Ruais or her authorized representative for my child to participate in this program.

I also agree that any pictures or videos taken of my child while in Swim Baby Swim, LLC lessons may be used for future business promotions.

Authorized parent or guardian signature:

### Waiver Release for Liability / Medical Treatment:

Registration is not complete until this form is signed and returned. The participant and family of the participant hold Swim Baby Swim, LLC harmless of any and all liability. I fully understand and release the aforementioned.

I hereby authorize any medical treatment, which may be advised while at 997 Canyon Heights, San Marcos, CA.

|  |                                      |
|--|--------------------------------------|
| Authorized parent or guardian name:      | Weekly payment: \$120 / week / child |
| Authorized parent or guardian signature: | Swim diapers: \$20 / diaper          |
| Date:                                    |                                      |