



**Participant Information**

Name:

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Age:

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Birthdate:

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Gender:

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Parent/Guardian Name:

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Parent/Guardian Telephone Number:

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Parent/Guardian Address:

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Emergency Contact:

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Allergies:

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Special dietary needs:

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Any medical condition(s):

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Any prescription(s) required during activity:

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## Activity Consent and Pick-up Information

Any activity restrictions:

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Do you consent for your child to engage in physical activity? Y/N

Do you consent for your child to engage in swimming? Y/N

Do you consent for your child to participate in the personal development skills building activity? Y/N

Who is authorized to drop off your child? \_\_\_\_\_

Who is authorized to pick-up your child? \_\_\_\_\_

Does your child have any special preferences or needs that you would like us to be aware of?

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Do you have any particular skills that you would like for your child to learn? (EX: sharing, motor coordination, swimming, water safety, managing transitions between activities, social skills)

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Does your child have any areas that you would like for them to work on? (EX: social anxiety, other anxiety, worrying, getting along with siblings, grief and loss, listening problem solving, breaks from screen time, getting more physical)

exercise, internet safety)

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How did you hear about SwimGainesville?

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***By signing below, I agree that the above information is true and complete to the best of my knowledge. I give consent for my child to participate in the above activities that I have indicated 'yes' to.***

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Parent/Guardian Signature

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Date

