



Swim Gainesville Friday Night Fun Night Registration Form



Participant Information

Name: _____

Age: _____

Birthdate: _____

Gender: _____

Parent/Guardian Name: _____

Parent/Guardian Telephone Number: _____

Parent/Guardian Address: _____

Emergency Contact: _____

Allergies: _____

Special dietary needs: _____

Any medical condition(s): _____

Any prescription(s) required during activity: _____



Activity Consent and Pick-up Information

Any activity restrictions: _____

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?

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) _____

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) _____

How did you hear about SwimGainesville? _____

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.

Parent/Guardian Signature

Date

