

**SOUTHWEST AQUATICS  
HOME OF PEDIASWIM**

**(407) 905-0999  
(407) 905-5268 (FAX)  
www.SouthWestAquatics.com**

**205 WINDERMERE ROAD  
WINTER GARDEN, FL 34787**

**Information Form**

**Responsible Party**

**Address**

Father's Name: \_\_\_\_\_

Street: \_\_\_\_\_

Occupation: \_\_\_\_\_

City: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Zip: \_\_\_\_\_

**Phone Numbers**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Student**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: M F

Primary Physician's Name \_\_\_\_\_

How did you hear about SouthWest Aquatics? \_\_\_\_\_

List any and all physicians, therapists, or other medical personnel this child has been seen by and the purpose for the visit excluding well check-ups as well as any physical exceptionalities:

I give permission for me/my child to participate in aquatic activity. I/My child am/is in good health and physical condition, and am/is not suffering from any condition that would prevent me/my child from engaging in this activity. Photographs and video may be taken in conjunction with lessons. I understand and agree that they may be used for informational and advertising purposes. **One time administration and pool fee of \$55.00 per student. Waived for The Gift of Swimming recipients**

Checks payable to: SouthWest Aquatics. Please include your child/children's name, the instructor's name and the date(s) of the lesson(s). MasterCard/Visa accepted. Thank you.

\_\_\_\_\_  
**Student** (parent signature for student under 18 yrs of age)

**Please sign for The Gift of Swimming Application**

\_\_\_\_\_  
**Date**