

Rehab for Life Aquatics Registration Form

Name: _____ DOB (if for swim instruction) _____

Parent /Guardian Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Primary Contact Number: _____

Email Address: _____

Emergency Contact: _____

Primary Contact Number: _____

Relationship: _____

Any information that would be helpful to share with the instructor to promote the most positive experience?(ie: fear, hearing issue, vision issue, etc) _____

Any allergies we should be aware of? _____

In the event of low class registration , you may be asked to change times or opt for semi-private/private lessons or the exercise class may be cancelled.

In the event of severe weather, I understand for the safety of the participants that class may be cancelled or cut short.

Signature of Participant (Parent)

Date