

Starfish Swimmers Student Information Form



Name of Student _____
 Age in Months _____ Weight Now _____ DOB _____ Birth Weight _____
 Milestones (**please note age**): Sit Unassisted _____ Crawl _____ Stand Alone _____ Walk _____
 Street Address /City /State / ZIP _____

Parent or Guardian's Contact Info:

Mother _____ Occupation _____
 Phone _____ Cell _____ Email _____
 Father _____ Occupation _____
 Phone _____ Cell _____ Email _____

Aquatic History:

Previous Swim Lessons? Program/When? _____
 Negative experience with water? _____
 Flotation devices? _____ Comfort level in water _____
 Family has/vacations or child is cared for near: Pool _____ Hot tub _____ Pond/Lake _____
 River/canal/creek _____ Ocean _____ Boat _____ Other _____

Medical Information (Check all that apply PAST or CURRENT):

<input type="checkbox"/> On Prescription Medication	<input type="checkbox"/> Sensory Processing Disorder	<input type="checkbox"/> Cardiac Abnormality/ Murmur
<input type="checkbox"/> Ear Tubes/Frequent Infections	<input type="checkbox"/> Needed CPR	<input type="checkbox"/> Allergies Epi-Pen? _____
<input type="checkbox"/> Special Needs /Exceptionalities	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Fever > 48 Hours
<input type="checkbox"/> Seen by Medical Specialist/ER	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Bowel/Bladder Infections	<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Fever > 5 Days
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Seizures	<input type="checkbox"/> Chronic Diarrhea/ Constipation
<input type="checkbox"/> Surgery (Not Circumcision)	<input type="checkbox"/> Asthma/Chronic Respiratory	<input type="checkbox"/> Continued Birth Complications
<input type="checkbox"/> Gastro-Esophageal Reflux	<input type="checkbox"/> Therapy: OT/PT	<input type="checkbox"/> Other

Please explain any checks above and list any current medications or treatments. Need more space? Please attach a sheet.

If your child has or has had any of the above in his/her medical history, please make sure your instructor has this information at least 3 days prior to your first scheduled lesson. It is important that your instructor is able to fully understand your child's medical history in order to provide a safe and effective lesson.

The information I have provided is correct and complete. I have reviewed and signed both the Enrollment Packet and the Waiver of Liability and have discussed and understand the nature of the lessons provided by Starfish Swimmers/Erin Loewe and approve my child, _____, to participate in lessons.

Parent Signature: _____ Date _____

YOU MUST EMAIL OR BRING A SIGNED COPY OF THIS FORM BY THE 1ST DAY OF LESSONS