

## GAIL OLIVER'S SWIM CLASS REGISTRATION FORM 2020

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

EXPLAIN SWIMMING HISTORY, FEAR, OR COMMENT \_\_\_\_\_

MOM'S CELL: \_\_\_\_\_ MOM'S WORK \_\_\_\_\_

DAD'S CELL: \_\_\_\_\_ DAD'S WORK: \_\_\_\_\_

OTHER EMERGENCY CONTACT: \_\_\_\_\_

BIRTHDATE: Month, Day, Year - \_\_\_\_\_

GOALS FOR THIS CLASS: \_\_\_\_\_

HOBBIES AND SPECIAL INTERESTS: \_\_\_\_\_

GRADE IN SCHOOL BEGTINNING AUG. 1<sup>st</sup> \_\_\_\_\_

EMAIL ADDRESS & FACEBOOK (HOW YOU ARE LISTED) \_\_\_\_\_

\*I give permission to have my child's photo published on

Facebook: \_\_\_\_\_ yes \_\_\_\_\_ no

SPECIAL HEALTH ISSUES I NEED TO KNOW \_\_\_\_\_

NAME OF PHYSICIAN & PHONE # \_\_\_\_\_

**COST: \$100.00 per session**

**Please complete this form & enclose your payment to:**

**Gail Oliver, 1733 Cedarwood Rd., Milledgeville, GA 31061**

**Please call if you have questions: 478-363-1012.**

**\*Registration is not complete until I receive your payment**

**website: [swimlikefish.com](http://swimlikefish.com) & [swimlikefishmilledgeville-Facebook](#)**