

Glendy's WaterBabies Glendy Herron/Owner 2623 Michaelangelo St Roman Forest, TX 77357 Cell 808-652-9444

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Students Last Name 2			Age	DOB	L	M	F
Students Last Name	First Name		0	DOB		M	7 F
3 Students Last Name	First Name		Age	DOB		Μ	F
Student's Mailing Address							
City:	y:			HOM	E PHONE #		
Mother's First &Last Name				Cell F	hone #		
Profession:				Work #			
EMAIL:							
Father's First &Last Name_				_ Cell Pl	none #		
Profession:				Work	: #		
EMAIL:							
SKILL LEVEL: Beginner	BeginnerII	Adv Beg I	Adv	/ Beg II	Intermedia	te I	
Inte	ermediate II	Parent/In	fant	PRIVA	TE		
Recommended By: New S	tudent	F	orme	r Student			



TUITION: A \$50 PER CHILD, non-refundable registration fee is due with the registration form. The FULL balance will be due the first day of your child's class. There will be a \$20 returned check fee.

CANCELATIONS: Lessons canceled less than one week before the starting date will NOT be refunded. Only credit will be issued for future lessons. ALL cancellations must be sent by email to glendy@glendyswaterbabies.com

MAKE-UP LESSONS: Make-ups are for illness ONLY!

SICKNESS: If your child is ill, please do NOT bring them to lessons. Reschedule.

HOLIDAYS: Glendy's WaterBabies will be OPEN for business on all holiday weeks.

RAIN: Classes are held rain or shine! We just work around our Texas weather!

HAIR: Hair should be clipped back from the face securely. Ponytails or pigtails are great! No Bobbie Pins Please!

GOGGLES: Recommended for advanced swimmers only. Ask Glendy.

DRESS: Children should be in their bathing suits BEFORE they get to class. Bring a towel to dry off. Sunscreen should be applied at least 25 minutes BEFORE class time.

POTTY TRAINING: Children not potty trained are required to wear swim diapers. Regular diapers are not recommended.

PLEASE FEEL FREE TO CALL GLENDY @ 808-652-9444 TO DISCUSS ANY OF THE ITEMS ON THIS FORM.

This agreement acknowledges parental or guardian consent for (child'sname)______ To participate in swimming instruction at Glendy's WaterBabies. The named student(s) have had a health exam with in the last year and his/her general health permits participation in water activities. I acknowledge it is my responsibility to determine with student's medical doctor if his/her medical condition does not allow participation in this swimming program.

MEDICAL ALERT: (Allergies, Medication, etc)_____

IN CASE OF EMERGENCY:			
Name:	Home#	Office#	
I hereby give my consent for my child to partic	ipate in Glendy's V	VaterBabies program and hav	ve and
have been fully and completely advised of the p	potential danger in	engaging in swimming activ	ities and
am fully aware of the legal consequences of sig	gning this instrume	ent.	
SIGNATURE of PARENT or GUARDIAN		DATE	