



## Swim with Mr Blue Swim Lessons Application

Please mark on X on the line:

5 day Swim \_\_\_\_\_ Mommy & Me \_\_\_\_\_ Kid Swim Group Level 2/3 \_\_\_\_\_ Swim Camp 5-days \_\_\_\_\_ Other \_\_\_\_\_

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Mother's Name (First Name Last Name)

Father's Name (First Name, Last Name)

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Child (1) Name (First Name, Last Name)

Child (2) Name (First Name, Last Name)

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Child (1) Date of Birth

Child (2) Date of Birth

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Home Address

City, State, Zip

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Home Phone

Cell/Work Number

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Emergency Contact and Number

Email Address

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Does Your child currently take any medications; have seizures; or any medical conditions we should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Please explain:

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**Please Read and Sign Below Upon Acceptance:** I hereby give my permission for my above listed child (ren) to participate in the Swim with Mr Blue program. For, and in consideration of Swim with Mr Blue we agree to release and forever discharge Swim with Mr Blue., its officers and employees, from any and all liabilities, demands of claims for loss or damage resulting from any injury or damage which may be sustained on account of his/her/your participation in the program. For the safety of all our swimmers, Swim with Mr. Blue reserves the right to not allow participation in the program if they are sick or have something that may be contagious.

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Printed Name

Signature of Acceptance

Photos and videos are occasionally taken at Swim with Mr Blue and are used for Swim with Mr Blue publicity purposes and on our website and social media such as Facebook and Twitter.

(Please initial) **Yes, you may use my child's photo and/or video:** \_\_\_\_\_

**Please do not use my child's photo and/or video:** \_\_\_\_\_