_____ Date Rec'd: _____ VISA or M.C. #: _____ - _____- _____ - _____ Exp. Date: ____/____ Sec. Code: __ __ __
Child/Children's Last Name

_____ _____
Mother's First & Last Name (if different) Father's First & Last Name (If different)

1. _____ ____ ____ _____ ____ _____ _____
Child's First Name Sex Age Date of Birth Reg. Fee Pd. Mother's Work/Cell Phone Father's Work/Cell Phone

2. _____ ____ ____ _____ ____ _____
Child's First Name Sex Age Date of Birth Reg. Fee Pd. Home Phone

3. _____ ____ ____ _____ ____ _____
Child's First Name Sex Age Date of Birth Reg. Fee Pd. Email Address

_____
Address City Zip

Do you have a pool at home? _____

When are you available for lessons?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____

Please be clear and flexible with the times that you are available; also indicate the earliest to latest block of possible times for each.

Location Preference:
____ Vista Del Monte (year round)
____ Hidden Oaks (summer only)
____ Home Pool

How did you hear about us?
___ Brochure ____ Online Search
___ Student last year ___ Saw an ad
___ Friend referral: _____
Name of Friend

Please Do Not Write Below This Line

CYCLE	TEACHER	NOTES	CYCLE	TEACHER	NOTES

_____ Date Rec'd: _____ VISA or M.C. #: _____- _____ - _____ - _____ Exp. Date: ____/____ Sec. Code: __ __ __
Child/Children's Last Name

Medication/Medical Conditions: _____ **Child's Physician** _____

If my child comes under a physician's care during the course of instruction at the swim school, I understand and agree that it is my responsibility to notify the instructor before the start of class.

WAIVER RELEASE STATEMENT

1. **I agree to assume all liability for my child/children and myself without regard to fault, while at any of the various Wendy Fereday Swim School Locations. I further agree to hold harmless Wendy Fereday Kids Swim Co. and any employees for any complications or injury that may result to my child/children, or to me while at the Wendy Fereday Swim School. I have read the foregoing and understand the entirety of its content.**
   Initial_____

2. **I further to agree to permit the use of any photos taken of my child by the Wendy Fereday Swim School. Initial_____**

3. **I have read the swim school brochure and understand all of the swim school's policies and procedures. Initial_____**

4. ***Please enclose the registration fee/s of $20.00 per child with this registration card.***

_____ _____
Signature **Date**

Thank You for Your Business!
Serving Santa Barbara with Pride, Integrity and Respect Since 1976.