

# Nora Martin SWIM SCHOOL

Enrollment Form

Child's name \_\_\_\_\_

Child's age & DOB \_\_\_\_\_

Child's water experience – describe child's activity when in the water. Please do not name the level only.

Be as specific as you can! \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

1st Choice Session/Class \_\_\_\_\_

2nd Choice Session/Class \_\_\_\_\_

3rd Choice Session/Class \_\_\_\_\_

Payment enclosed \_\_\_\_\_

I, the undersigned parent or guardian of the above student hold the Nora Martin Swim School, it's teachers, property owners and management harmless for any and all injuries resulting from participation in regularly scheduled swim classes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Please sign and date form and mail with payment to:

Nora Martin Swim School, 3302 Lafayette Ave., Austin, Texas 78722