



WATER ANGELS WORKSHOP REGISTRATION FORM

PARENTS FIRST NAME _____

PARENTS LAST NAME _____

CHILD'S NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____ (CELL)

PHONE _____ (HOME)

EMAIL _____

WORKSHOP DATES SIGNING UP FOR

_____ **4/16-17, 2010**

_____ **4/23-24/2010**

_____ **5/7-8/2010**

_____ **5/14-15/2010**

_____ **5/21-22/2010**

_____ **6/4-5/2010**

INFO ABOUT YOUR CHILD

DIAGNOSIS _____

LIMITATIONS _____

DOES YOUR CHILD LIKE SWIMMING/BATH _____

HAS YOUR CHILD HAD SWIM INSTRUCTION? WHEN/WHERE/PRIVATE OR GROUP _____

IS YOUR CHILD CONTINENT? _____

WHAT IS THE MAIN THING YOU WANT TO LEARN _____

DEPOSIT IS REQUIRED TO SECURE ENROLLMENT \$25 NON-REFUNDABLE
PAYMENT REQUIRED AT WORKSHOP DAY CLASSES LIMITED TO 6
FAMILIES;