



Eagle Pointe Recreation Complex
 12450 Eagle Pointe Drive
 Mont Belvieu, TX 77535
 (281)385-6668
 www.EaglePointeOnline.com

Swim Lesson Registration Form

Participant:

1. Name: _____ DOB: _____ Age: _____ M _____ F _____

Parent or Guardian Contact Information:

Name(s): _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____
(Please provide an e-mail address that you regularly check. We may send important updates.)

Briefly describe the student's current swimming abilities: _____

Does the student have a disability? **Yes** **No** **Verbal** **Non-Verbal**

If yes, please detail the disability (autism spectrum, PDD, ADHD, visual/hearing impairment, motor skill issues, etc) and/or any special concerns we should be made aware of (fear of water, unpleasant experiences, etc):

What motivates the student? _____

Please select the day(s) you would like to take lessons: MON / WED TUES / THURS

What time of the day works best for you? 8am-12pm 12pm-4pm 4pm-8pm

Desired Lesson Type: _____ **Desired Start Date:** _____

GENERAL RELEASE

I understand the inherent dangers involved in fitness and aquatic programs that may lead to possible accident, injury or death. I feel confident that my child will be able to understand and follow all safety precautions. I also understand that there will be no refunds given. The undersigned jointly and severally hereby forever release, discharge, acquit, and forgive Eagle Pointe Recreation Complex, their agent, employees, contractors, and volunteers, from any and all claims, actions, suits, demands, agreements, and each of them, if more than one, liabilities, judgment and proceedings both at law and in equity arising from the beginning of time to the date of these presents. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

I, (please print) _____, have read and agree to the conditions set forth in the Stingray Swim Academy's Terms of Service. I understand the policies contained in it are subject to change without notice.

Signature: _____ **Date:** _____

If you checked YES, that your child has a disability, please complete the questionnaire on the reverse side of this page.

For Instructor Use Only.

Day/Time: _____ Start Date: _____ Staff Initials: _____

Lesson Type : Package of _____ Private · Semi-Private · Group
 Single Session

Swim Angelfish Questionnaire

The more information that you can give us will better assist us in working with your child.

How does your child react to new people?

How does your child deal with touch? Is firm or soft the best?

Does your child like being in or around water?

When at the pool, does your child use floats, life vests, do you hold him/her, do they wear arm wings or goggles?

How does your child communicate?

Does your child have physical impairments? If yes, please specify.

What best motivates your child?

What do you use for rewards?

What is your goal for your child?

Are there any other details that we have not mentioned that you feel is important to let us know?

When completed, please save and email to our Swim Lesson Coordinator, Natalie, at npickett@montbelvieu.net. Thank you!