

# Miami Springs Aquatics Center

## Student Registration and Information

Thank you for registering to take classes at the Miami Springs Aquatics Center. All courses must be paid for at the time of registration.

**Student Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Birthday** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age** \_\_\_\_ **Medical Conditions** \_\_\_\_\_

**Parent/ Guardian** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Cell #** \_\_\_\_\_

I hereby give permission for my child to participate in swimming lessons at the Miami Springs Aquatics Center. I understand that American Red Cross certified instructors supervise all courses. I agree to follow the facility rules and aid the Pool staff in making sure my child does also.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date