



Lil Shrimps Swim Academy, LLC

Owners: Allison and Greg Laney

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Thank you for your enrollment, we look forward to meeting you!

To complete registration, please read below and return the form by mail or email within 2 weeks of signup.

What can you expect?

Your child and his/her safety is our top priority. Some kids will cry for all lessons. Some only at first, others not at all! We promise your child is always our instructor's first concern (they are parents too!) and if they think it is more serious they will take them out of the water. **Please make coming to every lesson your priority. We know three days in a row for several weeks can feel like a lot but to really learn these skills, we must be consistent with the lessons.**

Often a child as they learn will gulp water and air. If your child does, they will be "burped" by a molar massage method which consists of a finger in the mouth to massage the gum.

Annual refresher lessons and groups are highly encouraged.

ABOUT LESSONS

- **NO EATING FOR 2 HOURS PRIOR TO LESSONS!!!** Your child WILL throw up if they have a full belly! These lessons are short but vigorous! Again, be courteous of the next child. Swimming in French fries is not something you want your child doing because the child before threw them up.
- Please bring 2 towels to make sure your child is dry and comfortable after their lesson.
 - There is a changing table and bathroom for your use. No shower is available unless needed in an emergency. No one is allowed in the hot tub or near the pond at any time!
- If your child is not confidently potty trained, **two (2) swim diapers are needed** (A disposable covered by a cloth diaper). Disposable diapers are sold at Sam's Club and cloth diapers can be found at Academy, Dicks or Target.
 - *Why two diapers?* Bowel Movements will make other children sick and shut the pool down for 24 hours while a shock treatment is performed. So we need to ensure anything that comes out...stays in!! Disposables also become heavy with water so cloth is preferred.
- Sessions are often scheduled back-to-back. Please be courteous of each other and the instructor by arriving slightly early.
 - Please remain on the porch until your child's lesson. Parents can bring a swimsuit for themselves, if desired and discussed with the instructor.
- Should the need arise to cancel lessons due to inclement weather, we will make updates on Facebook.
 - If you must cancel due to illness, please let us know ASAP. Makeup lessons are held on Thursdays, as needed.
- Please limit your speed on the driveway. There are often children playing in the area.

ABOUT FINANCIALS

- Your remaining balance (less the \$50 registration fee) must be **paid in full** on or before the first day of lessons. There are no refunds of any kind.
 - We will take **10% off** for military/police/fire.
 - **10%** will be discounted for enrollment of each additional child.
 - We will discount your invoice **\$25** for a referring a friend who signs up.
- We accept payment via cash, check, credit card or paypal (use lilshrimpswim@gmail.com for paypal)
 - A **5%** fee will be added to credit card transactions and paypal payments not paid by the gift option.
 - If using paypal, ensure to use the "gift" option to avoid service charges



Lil Shrimps Swim Academy, LLC

Registration and Medical Release Form

Session Type: (Select one)

Survival Swim
 8-Day Swim
 Baby & Me
 Adult Swim
 Lil Shark Group
 4-Week Refresher

Swimmer Information

Child's Name:		Date of Birth:
Street Address:		
City:	State: MS	Zip Code:
Mother's Name:		Mother's Occupation:
Father's Name:		Father's Occupation:
Email:		Cell Phone:

Swimmer's Medical Information (Select all that apply)

<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Seizure	<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Ear tubes
<input type="checkbox"/> Surgery	<input type="checkbox"/> CPR	<input type="checkbox"/> Lactose intolerant	<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Therapy: OT/PT	<input type="checkbox"/> Allergies
<input type="checkbox"/> Seen by Medical specialist	<input type="checkbox"/> Gastro- Esophageal reflux	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Heart murmur or defect	<input type="checkbox"/> Bowel or bladder problem	<input type="checkbox"/> Fever longer than 48 hours

Note/Explanation:

Current medications or treatments:

Aquatic History

Is your child around any of the following at home, with family members, with friends, or on vacation?

Pool
 Hot tub
 Lake/Pond
 Canal
 River
 Ocean
 Boat
 Other:

Previous Aquatic Experience? No Yes

Program Type: _____ Where: _____

Has your child ever had an aquatic accident? No Yes

Please Explain: _____

Has your child used a floatation device? No Yes

Describe the type of device: _____ For how long? _____

Agreement and Authorization I have discussed and understand the nature of this program. I give my consent to Allison Laney, Greg Laney or any authorized Lil' Shrimps Swim Academy, LLC, representative for my child to participate in this program as indicated above. I also agree that any pictures or videos taken of my child while in lessons may be used for future Lil' Shrimps Swim Academy LLC promotions. By signing this form, I understand and agree to adhere to the instruction outlined and understand that there are no refunds for any reason.

Waiver Release Form for Liability / Medical Treatment The participant and family of participant hold Lil' Shrimps Swim Academy LLC, their agents, employees, and/or volunteers harmless of any and all liability. I fully understand and release the aforementioned entities of any liability. I hereby authorize any medical treatment, which may be advised while attending lessons.

Parent Signature: _____ **Date:** _____