



Children's Swim Programs

Please print, fill out legibly and return with payment.

Mail form and check to: **Baylor Tom Landry Fitness Center**
Attn: Accounting – Suite 1900
411 N. Washington
Dallas, TX 75246

Or

Fax registration form to 214-820-4828 or email to Jennifer.Hughes@baylorhealth.edu and call 214-820-8922 to pay by credit card.
(Preferred Method)

Please Circle Appropriate Selection		
Baby Bear-a-Cudas \$80	Fish Factory \$120	Swimmin' Kidz <input type="checkbox"/> Fall \$315 <input type="checkbox"/> Spring \$385 <input type="checkbox"/> Summer \$225
Session #: _____ (session #'s are listed on the website, does not apply to Swimmin' Kidz)		

Participant Information:

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail Address: _____ Phone Number: (____) _____
Gender (M/F): _____ Date of Birth: ____/____/____ Age: _____

Emergency Contact's Information:

Name: _____ Relation to participant: _____
Home Phone: (____) _____ Mobile Phone: (____) _____

How did you hear about us? (Please select one)

- Website
- Friend
- Direct Mail
- Returning Student
- Other: _____

Fish Factory Registrants:

My Child...

- will not put his/her face in the water
- will put his/her face in the water, but cannot get to the side independently
- can get to the side, but method is rough
- needs stroke improvement

I am the parent or legal guardian of _____, who is participating in _____.
I waive all claims against the BTLFC, the Baylor Health Care System and any of its affiliates, including all employees of each entity. My child has no current health problems that would prevent him/her from participating fully in this program. I hereby give consent for my child to be medically treated for injury or illness if the need arises while he/she is attending classes.

Parent/Guardian Signature: _____ Date: ____/____/____