

BEAUFORT COUNTY PARKS & RECREATION

AQUATIC REGISTRATION FORM

(UPDATED 1/2/2019)

Participants Information:

Name of Participant: _____ Sex: _____

Address: _____ City: _____ Zip: _____

DOB: _____ Age: _____

Any Major Medical Problems or Medications: _____

Parents Information:

Name of Parent/Guardian: _____ DOB: _____

Address (If different from Participant): _____

Email: _____ Phone Number: _____

Emergency Contact:

Name: _____ Phone Number: _____

Swim Lesson: (Circle One)

Swim Experience: Novice Intermediate Advanced

Lesson Preferred: Group Lessons Private Lessons Kids Swim Camp

Preferred Time & Days: _____

Other Classes Provided: (Circle One)

CPR/1st AID/AED Lifeguard WSI LGI

I understand and agree that the activity I have requested is on a space-available basis only.
I certify that all of the information listed above is true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date

INSTRUCTOR USE ONLY: Date Called: _____ Guard: _____

Scheduled (Instructor, Dates & Time): _____

Notes: _____

Refund Policy: 0% refund after activity has begun.