

Nora Martin SWIM SCHOOL

Enrollment Form

Child's name _____

Child's age & DOB _____

Child's water experience – describe child's activity when in the water. Please do not name the level only.

Be as specific as you can! _____

Parent's name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail _____

1st Choice Session/Class _____

2nd Choice Session/Class _____

3rd Choice Session/Class _____

Payment enclosed _____

I, the undersigned parent or guardian of the above student hold the Nora Martin Swim School, it's teachers, property owners and management harmless for any and all injuries resulting from participation in regularly scheduled swim classes.

Signature of parent/guardian _____ Date _____

Please sign and date form and mail with payment to:

Nora Martin Swim School, 3302 Lafayette Ave., Austin, Texas 78722