



Welcome!

List your top three class time choices on your registration form and mail in the form with your deposit.

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, its 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