

**2024 SWIM PROGRAMS REGISTRATION FORM**

Payment can be made over the phone 817-922-7068 or 817-922-1140. Or you may fill out the form with all payment information and drop it off at the front desk of the Carter Rehab Center and it will be processed as soon as it is received.

PARTICIPANT'S INFORMATION							
Swimmer's Name:		Age:		Sex:		Date of Birth:	
Street Address:		City:		State:		Zip:	
Guardian's Phone:		Guardian's Email:					
Guardian's Name(s)		How did you hear about us?					

Payment Information			
Credit Card Number:		Name on Card:	
Exp. Date		CV number	
Billing Address:			
Billing Address continued:			

EMERGENCY CONTACT INFORMATION			
Emergency Contact Name:		Relation to the Participant:	
Home Phone:		Cell Phone:	

Class Selection			
<p><b>Fish Factory School Year</b></p> <p>Class sessions are held Mondays and Wednesdays with multiple classes available. Monday and Wednesday</p> <p><input type="checkbox"/> 3:30-4:00  <input type="checkbox"/> 4:00-4:30  <input type="checkbox"/> 4:30 – 5:00  <input type="checkbox"/> 5:00-5:30</p> <p><input type="checkbox"/> January 8<sup>th</sup> – January 31<sup>st</sup>  <input type="checkbox"/> February 5<sup>th</sup> – February 28<sup>th</sup>  <input type="checkbox"/> March 4<sup>th</sup> - March 27<sup>th</sup>  <input type="checkbox"/> April 1<sup>st</sup> - April 24<sup>th</sup>  <input type="checkbox"/> May 6<sup>th</sup> - May 29<sup>th</sup>  <input type="checkbox"/> June 3<sup>rd</sup> – June 26<sup>th</sup>  <input type="checkbox"/> July 1<sup>st</sup> – July 24<sup>th</sup>  <input type="checkbox"/> August 5<sup>th</sup> – August 28<sup>th</sup>  <input type="checkbox"/> September 2<sup>nd</sup> -Sept. 25<sup>th</sup>  <input type="checkbox"/> October 7<sup>th</sup> – October 30<sup>th</sup></p>	<p><b>Fish Factory Summer</b></p> <p>Monday through Thursday</p> <p><input type="checkbox"/> 3:00-3:30  <input type="checkbox"/> 4:30-5:00</p> <p><input type="checkbox"/> June 3<sup>rd</sup> – June 14<sup>th</sup>  <input type="checkbox"/> June 17<sup>th</sup> – June 27<sup>th</sup>  <input type="checkbox"/> July 8<sup>th</sup> – July 18<sup>h</sup> *  <input type="checkbox"/> July 22<sup>nd</sup> – Aug 1<sup>st</sup></p> <p>*Note that some of the classes differ from their normal, every Monday and Wednesday, routine in observance of national holidays.</p>	<p><b>Baby Bears</b></p> <p>Saturday Morning 9:00am-9:45am</p> <p><input type="checkbox"/> January (6,13,20,27)  <input type="checkbox"/> February (3,10,17,24)  <input type="checkbox"/> March (9,16,23,30)  <input type="checkbox"/> April (6,13,20,27)  <input type="checkbox"/> May (4,11,18,25)  <input type="checkbox"/> June (8,15,22,29)  <input type="checkbox"/> July (13,20,27,3)  <input type="checkbox"/> August (10,17,24,31)  <input type="checkbox"/> September (7,14,21,28)  <input type="checkbox"/> October (5,12,19,26)</p> <p>Saturday Morning 10:00am-10:45am</p> <p><input type="checkbox"/> March (9,16,23,30)  <input type="checkbox"/> April (6,13,20,27)  <input type="checkbox"/> May (4,11,18,25)  <input type="checkbox"/> June (8,15,22,29)  <input type="checkbox"/> July (13,20,27,3)  <input type="checkbox"/> August (10,17,24,31)</p>	<p><b>Small Group</b></p> <p>Please lists the (6) class times you will be swimming in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Notes:</p>

I, \_\_\_\_\_, hereby enroll myself in the \_\_\_\_\_ program. I waive all claims against the BTLFC, the Baylor Health Care System and any of its affiliates, including all employees of each entity. I have no current health problems that would prevent me from participating fully in this program. I hereby give consent to be medically treated for injury or illness if the need arises while I am attending class.

Signature (Parent's if minor): \_\_\_\_\_