

# Coastal Infant Aquatics, LLC

Danielle Ruais

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Website: [www.coastalinfaquatics.com](http://www.coastalinfaquatics.com)

Pool Address: Host Pool - San Marcos/Encinitas/NCSD

## Registration Form

### Information:

Student name:  Cell Phone:   
Age:  Email Address:   
DOB:  Street Address:   
Mother's name:  City:   
Father's name:  Zip Code:

### Medical Information (indicate all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Seen by Medical Specialist | <input type="checkbox"/> Needed CPR      | <input type="checkbox"/> Head injury / loss consciousness |
| <input type="checkbox"/> Bowel or bladder           | <input type="checkbox"/> Surgery         | <input type="checkbox"/> Asthma                           |
| <input type="checkbox"/> Gastro-esophageal reflux   | <input type="checkbox"/> ADD or ADHD     | <input type="checkbox"/> Seizures                         |
| <input type="checkbox"/> Lactose intolerant         | <input type="checkbox"/> Ear infections  | <input type="checkbox"/> Cardiac abnormality              |
| <input type="checkbox"/> Fever >48 hours            | <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Sensory integration              |
| <input type="checkbox"/> Therapy: OT/PT             | <input type="checkbox"/> Ear tubes       | <input type="checkbox"/> dysfunction Learning disability  |

Current medications and/or treatments:

### Aquatic History (Family has or vacations near):

- |                                  |                                      |                                |
|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Pool    | <input type="checkbox"/> Canal       | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hot tub | <input type="checkbox"/> Pond / lake |                                |

Previous aquatic experience:  
(Program type, location, etc)

Aquatic accident or incident:  
(If yes, please explain)

Used a floatation device:  
(If yes, type and how long)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### I learned about the program through (indicate all that apply):

- |                                    |                                 |                                  |
|------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Car Ad | <input type="checkbox"/> Website |
| <input type="checkbox"/> Ad        | <input type="checkbox"/> Friend | <input type="checkbox"/> Other   |

I have discussed and understand the nature of Coastal Infant Aquatics, LLC lessons. I give my consent to Danielle Ruais or her authorized representative for my child to participate in this program.

I also agree that any pictures or videos taken of my child while in Coastal Infant Aquatics, LLC lessons may be used for future business promotions.

Authorized parent or guardian signature:

### Waiver Release for Liability / Medical Treatment:

Registration is not complete until this form is signed and returned. The participant and family of the participant hold Coastal Infant Aquatics, LLC harmless of any and all liability. I fully understand and release the aforementioned.

I hereby authorize any medical treatment, which may be advised while at a host pool in San Marcos, CA.

Authorized parent or guardian name: <input type="text"/>	Weekly payment: \$200 / week / child
Authorized parent or guardian signature: <input type="text"/>	Swim diapers: \$25 / diaper
Date: <input type="text"/>	Annual Registration Fee: \$50

Submit form