

# Coastal Infant Aquatics, LLC

**Danielle Ruais**

C: (603) 722-9447 (Feel free to text if you prefer!)

Email: [coastalinfantaquatics@gmail.com](mailto:coastalinfantaquatics@gmail.com)

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

**Pool Address: Host Pool in San Marcos, CA 92078**

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## Registration Form

### Information:

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

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

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

Current medications and/or treatments: \_\_\_\_\_

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

Pool	Canal	Other
Hot tub	Pond / lake	

Previous aquatic experience: \_\_\_\_\_ Aquatic accident or incident: \_\_\_\_\_ Used a floation device: \_\_\_\_\_  
(Program type, location, etc) (If yes, please explain) (If yes, type and how long)

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### I learned about the program through (indicate all that apply):

Physician	Car Ad	Website
Ad	Friend	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: \_\_\_\_\_ Weekly payment: \$180 / week / child  
Authorized parent or guardian signature: \_\_\_\_\_ Swim diapers: \$25 / diaper  
Date: \_\_\_\_\_