



Program Registration Form

8785 SW Beaverton Hillsdale Hwy.

Portland, OR 97225

503.292.1255

farberswimschool@yahoo.com

Participant

Last: _____ Middle: _____ First: _____ Sex: M F

Birth Date: ____/____/____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Parent/Guardian #1

Last: _____ First: _____ Lives w/ child: Yes No

Cell Phone: (____) _____ Email: _____

Parent/Guardian #2

Last: _____ First: _____ Lives w/ child: Yes No

Cell Phone: (____) _____ Email: _____

Emergency Contact (not a parent/guardian)

Emergency Contact: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Referred By: _____

Photo Release: I give permission for Farber Swim School to photograph the participant to be used in promotional materials related to FSS programs.

Yes No

Custody Issues: Please provide copies of legal documentations of custodial rights or proof of custody. Yes No

Newsletter: Would you like to receive the monthly Farber Swim School E-newsletter?
 Yes No

<input type="checkbox"/> Swim Team: Start Date & Notes: _____ <input type="checkbox"/> Bronze Level (beginner) <input type="checkbox"/> Silver Level (intermediate) <input type="checkbox"/> Gold Level (advance)
<input type="checkbox"/> Swim Lessons: Start Date & Notes: _____
<input type="checkbox"/> Baby & Me Classes: Start Date & Notes: _____

Special Concerns: Does the participant have any special needs that we should know about, to help them become more successful in our programs?

Participant's Signature: (If over 18 yrs. old)	Date:
Parent's Signature: (If over 18 yrs. old)	Date:

Start Date: _____ Paid: _____ QB: _____ Filed: _____