FORM A

**BAMM Swimming Registration**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class dates/times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check out to BAMM SWIMMING OR CAROLYN BINGHAM and mail to:

Carolyn Bingham, P.O. Box 102, WESTTOWN, PA 19395

PAYMENT IS DUE PRIOR TO THE START OF THE SESSION

 ***late payments will be charged an additional $25 fee***

***(If a payment plan is needed, please feel free to call and discuss with Carolyn)***

***2024 WAIVER AND RELEASE FORM***

\*You, the client/participant, fully understand that you or your child are engaging in physical exercise in a swim program that may use equipment and instruction that could cause injury. You agree that you are voluntarily participating in these activities and assume all risks of injury that might result. You agree to waive any claims or rights you might otherwise have to sue me, your trainer/instructor, for injury as a result of these activities. It is always advisable and recommended to consult your physician before undertaking this or any exercise program. \* initial \_\_\_\_\_\_\_\_\_\_

\*For the health of others please take an oath that your child will not come if they have had any flu symptoms, temperature, vomiting, diarrhea or nose discharge within 48 hours of a lesson day. In order to assure others of our health safety protocols, myself and our instructors will abide by the same health guidelines. \* initial \_\_\_\_\_\_\_\_\_\_

**Please Note:** Due to BAMM instructors’ schedules, we do not have a makeup policy please refer to policy on [www.westchesterswimming.com](http://www.westchesterswimming.com).

If you make a payment and would dispute the charge through your credit card that you are initializing here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that you reviewed the no makeup policy.

Parents’ names -- (first and last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants’ names / ages

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ 2.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_3.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_

\* Circle YES or NO if you will allow BAMM to use your child’s (or children’s) photo for future marketing. YES NO

\*Medical information (provide, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*\*Optional: If your child has an IEP, or is in a special development learning program, please fill out the FORM B questionnaire.to help assist your child in their learning style. This questioner is optional and that you are giving BAMM Swimming permission to use for your child learning program.

\*\*List any medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*List any physical fractures or replacements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Child Readiness: Any child under the age of 5 years old will be enrolled after 2 private lessons and the registration fee paid in full. The instructor will determine if the child is ready for private instruction. Semi-Private lessons are only paired with a sibling.**

**Private Lesson Schedules**: **When booking your private or semi-private lessons you are required to make FULL payment before the start of the scheduled lessons. During the summer or holidays, lessons are “by appointment.” You are required to make one payment for 4 lessons prior to the start. If payments were not made in advance you will be reached prior to taking you off the schedule. BAMM Swimming will refunded for cases that are due to emergency situations or special circumstances.**

*I agree to these policies and guidelines to assure health considerations for everyone’s safety and wellbeing.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent/guardian**  Date

FORM B: OPTIONAL – This questionnaire is to assist in a program that designed for your child’s learning.

 **Parent Questionnaire**

Please provide information to assist the BAMM Swimming Team in designing a water safety/swim program for your child that will create a positive learning experience for both the child and instructor.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_

1. What has been your child’s experience in the water? Positive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Recreational only? \_\_\_\_\_Yes \_\_\_\_\_ No ~ Formal Swim Lessons? \_\_\_\_\_Yes \_\_\_\_\_\_No
3. If you checked YES for formal lessons, how would you assess their current swimming ability?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child have a SEL (Social Emotional Learning) IEP in progress at their school? \_\_\_\_Yes \_\_\_\_No. (Are you willing to share your child’s IEP? \_\_\_\_Yes \_\_\_\_No)
2. Is your child \_\_\_\_\_\_\_\_\_\_verbal or \_\_\_\_\_\_\_\_\_ non-verbal?
3. Does your child use a communicator such as an: iPad, Peck Visual System, Augmentative Communicator or another device? (Circle one above, if applicable)
4. Does your child have a social processing delay? \_\_\_ Yes \_\_\_ No
5. How does your child learn best? (List by #s 1,2,3,4 with #1 being the most important)

\_\_\_\_ Visual Learner \_\_\_\_ Auditory Learner

\_\_\_\_ Kinesthetic Learner \_\_\_\_ Reading/Writing Learner

1. Does your child exhibit certain behaviors that need to be channeled with certain word choices or body language from an instructor? (for example -- screaming, hitting, grabbing or biting themselves or others?) (Please describe the behavior.)

1. Does your child need the experience of compression therapy or do they require distance between themselves and the instructor?
2. Please feel free to add any other information to help us get acquainted with your child and have a positive experience teaching them to be water safe. (Thank you for helping us helps your kids.)