Application for 4-H Swimming Classes

DATES FOR THE CLASS- July 11th – 15th *****NO MAKE UP DATES OR REFUNDS*****

RETURN THIS FORM TO- University of Missouri Extension
Wayne County Office
P.O. Box 200
Greenville, MO 63944
573-224-5600 Ext. 8

MINIMUM AGE- 4 Years Old (By July 11th)
FEE- $27 – This fee must accompany application. Make checks payable to Wayne Co. Extension Council.
REGISTRATION DEADLINE - July 1, 2011 **(No refunds after deadline).**

CHILD'S NAME: _____ PARENTS NAME:_____

ADDRESS:_____

PHONE #_____ D.O.B _____ AGE____ BOY____ GIRL____
(As of July 11th)

EMAIL:_____ CELL PHONE #_____

TO SWIMMING DIRECTOR:

_____ has my permission to take part in all activities involved in this swimming class. In case of sickness or accident, swimming officials have my permission to secure and use the necessary medical treatment. Also, I release owners of pool, swimming directors & officials, University of Missouri Extension and Wayne County University of Missouri Extension Council from responsibility in the event of accidental injury or death of the above swimmer. **Please make sure the application is notarized.**

_____ _____
Notary **Signature of Parent or Legal Guardian**

Has your child taken 4-H Swimming classes in the past? Yes___ No___ How many years? _____

Will your child put his/her face in the water? Yes____ No____
Will your child blow bubbles in the water? Yes____ No____
Does your child have a fear of being in water? Yes____ No___
Has your child played in a pool____ lake___ river____ creek___? (Check all that apply)

1. Has your child had a complete physical examination this year? Yes___ No___
2. Is there any history of DIABETES in your family? Yes___ No___
3. Is there any history of BLEEDERS in your family? Yes___ No___
4. Has your child ever had RHEUMATIC FEVER or RHEUMATIC HEART DISEASE? Yes___ No___
5. Does your child have any HEART trouble or SHORTNESS of BREATH? Yes___ No___
6. Is your child under care of a physician at the present time? Yes___ No___
7. Is your child allergic to any FOOD or DRUG? Yes___ No___
   If yes, what _____
8. Has your child had EPILEPSY? Yes___ No___
9. Is your child a DIABETIC? Yes___ No___
10. Does your child have any physical problems we should be aware of before attending this class?
    _____

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