

OFFICIAL ROYAL REGISTRY

Student Information

Full Legal Name

Mer-Name Preference

Date of Birth

Swim Level / Experience

Parent / Guardian Contact

Primary Contact Name

Email Address

Phone Number

Medical & Emergency

Relevant Medical Conditions / Allergies

Emergency Contact Name

Emergency Contact Phone

Safety Waiver & Royal Consent

Declaration of Competency: I certify that the student can swim 25m unassisted, tread water for 30s, and is comfortable submerging their face. I understand a competency test is required in the first session.

Risk Acknowledgment: I acknowledge that mermaid swimming involves monofins which bind the legs. I accept the inherent risks of water-based activities and agree to follow all safety protocols, including the "Guardian's Escape" emergency release.

I consent to the use of photos/videos for Tops Tails promotional purposes.

I DO NOT consent to any photography of my child.

Parent/Guardian Signature: _____ Date: _____