

TOLLEFSON SWIMMING

NEW SWIMMER INFORMATION

Swimmer #1 Name: _____ DOB: _____
Swimmer #2 Name: _____ DOB: _____
Swimmer #3 Name: _____ DOB: _____
Swimmer #4 Name: _____ DOB: _____

Brief Description of current swim level & instruction experience for each swimmer:

Parent/Guardian Name: _____

Primary Phone: _____

Primary Email: _____

Referred By: _____

I understand that participation in Tollefson Swimming activities is entirely voluntary. I understand that Tollefson Swimming activities may involve swimming and related pool activities. I know and understand the risks and dangers involved and I know and understand that unanticipated dangers might arise. I hereby release Tollefson Swimming from any responsibility for injury, which might result from participation in Tollefson Swimming activities.

I understand that Tollefson Swimming does not guarantee refunds for withdrawal from classes during a session. If the class level is not the right fit, Tollefson Swimming will accommodate my swimmer in a different class. If my swimmer decides to withdraw from the session after registration, Tollefson Swimming may offer credit for a future session.

I give permission for _____ to participate in all Tollefson Swimming activities, except as noted. I also permit authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me or my child and permit such treatment procedures to be carried out at, and by the local hospital(s) for me or my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

Parent/guardian signature or adult participant signature

Date