

TOLLEFSON SWIMMING

“The Greatest Swimming Instruction *Anywhere*”

NEW STUDENT INFORMATION - one form per swimmer

STUDENT’S NAME (first, middle, last): _____

DATE OF BIRTH: _____

PRIMARY ADDRESS: Street Address: _____

City: _____ State: _____

Zip Code: _____

HOME PHONE: _____

PRIMARY E-MAIL: _____

PRIMARY CELL PHONE: _____

PARENT #1 NAME: _____

PARENT #2 NAME: _____

REFERRED BY: _____

PREVIOUS SWIMMING
EXPERIENCE: _____

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 occur as a result of participation in Tollefson Swimming activities.

I give permission for _____ to participate in all Tollefson Swimming activities, except as noted. I also give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me or my child, and also 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