

TOLLEFSON SWIMMING

2008 North Chevy Chase Pool Swim Lessons

Tollefson Swimming is proud to offer swim lessons at the North Chevy Chase Pool this summer. Class date and time information is below. Please complete this form, including an indication of first and second choice next to the session(s) and time you desire, and return to Tollefson Swimming, P.O. Box 366, Garrett Park, Maryland 20896. For the swim lessons, we will determine the exact time of the class for your swimmer based on skill level. We will reserve your swimmer's place in the class upon receipt of your payment payable to Tollefson Swimming. In case the pool is unavailable for a class, we will offer one daytime make-up class on the second Wednesday of the session. Please call or email us with any questions, special concerns, or to discuss class placement.

John Tollefson 301-949-5136

jtollefson@tolleffsonswimming.com

Swim Lessons – Fee for each session of eight half-hour classes is \$70.

Session One – June 16, 17, 19, 20, 23, 24, 26, 27. Make-up class June 25.

11:00 or 11:30 am _____

Session Two – July 7, 8, 10, 11, 14, 15, 17, 18. Make-up class July 16.

11:00 or 11:30 am _____ 6:30 pm _____

Session Three – July 21, 22, 24, 25, 28, 29, 31, August 1. Make-up class July 30.

11:00 or 11:30 am _____

Swimmer's Name _____ Birth date _____

Parent Name(s) _____

Address _____

Home Telephone _____ Email _____

Swimming Ability _____

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

Date