

TOLLEFSON SWIMMING

Garrett Park Pool - 2011

Beginner Swim Lessons – Swim Team Stroke Classes - Masters Swimming

Tollefson Swimming is proud to offer in-water-instructed swim lessons, swim team stroke classes, and Masters Swimming at the Garrett Park Pool this summer. Please return separate completed form indicating session and/or time for each swimmer with payment to Tollefson Swimming, P.O. Box 366, Garrett Park, Maryland 20896. For the in-water-instructed swim lessons, we will determine the exact time of the class for your swimmer based on skill level; 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 for additional forms, questions, special concerns, or to discuss class placement.

John Tollefson 301-949-5136 jtollefson@tolleffsonswimming.com

In-water-instructed swim lessons – One session of eight half-hour classes \$80

Session One – June 20, 21, 23, 24, 27, 28, and July 1 Make-up class daytime June 29
Between 12:00 noon and 2:00 pm _____ Between 6:00 and 7:30 pm _____

Session Two – July 5, 6, 7, 8, 11, 12, 14, and 15 Make-up class daytime July 13
Between 12:00 noon and 2:00 pm _____ Between 6:00 and 7:30 pm _____

Session Three – July 18, 19, 21, 22, 25, 26, 28, and 29 Make-up class daytime July 27
Between 12:00 noon and 2:00 pm _____ Between 6:00 and 7:30 pm _____

Age Group Swim Team Stroke Classes June 20 – July 21 Fee for season \$95

Monday and Wednesday _____ or Tuesday and Thursday _____

Age 13 & Up: 7:30 – 8:00 am _____

Age 9 – 10: 8:00 – 8:30 am _____

Age 8 & Under: 8:30 – 9:00 am _____

Age 11 – 12: 9:00 – 9:30 am _____

Masters Swimming – Fee for June 6 – August 12 \$120; Fee for June 6 – July 29 \$90

Monday, Wednesday, & Friday, 6:00 am to 7:30 am _____

Swimmer's Name _____ Birth Date _____

Telephone _____ Email _____

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