

DADTICIDANIT(c) INICODMATION

Questions? Contact the Aquatics Coordinator at <u>aquatics@telhai.org</u> or 610-273-9333 ext. 2441

Private Swim Lesson Release Form

PARTICIPANT(S) INFC			
Name(s):		Gender:	Birthdate:
		Gender:	Birthdate:
PARTICPANT'S CONT	ACT INFORMATION-		
Name			
Ci+		State:	Zip:
Phone:		Email Address:	
EMERGENCY CONTA	CT INFORMATION-		
Name:		Relationship:	
MEDICAL INFORMAT			
	l conditions of which the instructor s	hould be aware of? Circ	le: Yes OB No
Are there any mealed	i conditions of which the instructor s		
If yes, please explain:			
health and well-being relate or any other persons involve and Resident volleyball game acknowledge and understan	document, I acknowledge that all activities at the d to participation in any and all activities. I furthe d with Tel Hai Retirement Community. I also und es. I understand my membership may be revoked d all children in the pool must be fully potty-trair of warrant refunds or make-ups.	er waive, release, absolve and agree t lerstand that my membership current d at any time and I agree to abide by a	to hold harmless any instructor, the facility, tly does not apply to Team Member classes all policies and procedures of Tel Hai. I
Name:	Signature	:	Date:
Name:	Signature	:	Date:
LESSON PACKAGES- (Please Check Box)		
	Private Lessons:	Semi-Private Lessons:	
6 Lessons 🗌 \$120 6		6 Lessons 🗌 \$110	
	6 Lessons 🗌 \$96 TM	6 Lessons 🗌 \$88 TM	
PAYMENT OPTIONS-	(please check one) □Cash □C	harge 🛛 Check (Payable to	: Tel Hai Retirement Community)
Name on Crec	lit Card:	Expiration Date:	
Credit Card #:			de:
Credit Card Tv	pe: (please check one) Uvisa UM		 □Amex
			\\

(a 2.5% service fee will be added for all Credit Card transactions)

Form Updated: 6/18/2024