

Tel Hai Retirement Community StoneCroft Aquatics Center 4000 Tree Line Drive Honey Brook, PA 19344 www.telhai.org/pool Weather Hotline- 610-273-4050 Questions? Contact the Aquatics Coordinator at aquatics@telhai.org or 610-273-9333 ext. 2441

Swim Lesson Release Form

PARTICIPANT(s) INFORMATION-				
Name(s):		Gender:		
		Gender:	Birthdate:	
PARTICPANT'S CONTACT INFORMATION-Name:				
Street Address:				
City:		State:	Zip:	
Phone:		Email Address:		
EMERGENCY CONTACT INFORMATION-				
Name:		Relationship:	Relationship:	
Home Phone:		Cell Phone:	Cell Phone:	
MEDICAL INFORMATION-				
Are there any medical conditions of which	the instructor should	d be aware of? Circ	cle: Yes OR No	
If yes, please explain:			·	
RELEASE- By signing this document, I acknowledge the participant's (my child's/children's) health and well-bein harmless any instructor, the facility, or any other person Hai. I acknowledge and understand all children in the pomaintenance, swim meets, or events do not warrant reference.	ng related to participation in ns involved with Tel Hai Retir pol must be fully potty-traine	any and all activities. I furthe ement Community I agree to	er waive, release, absolve and agree to hold abide by all policies and procedures of Tel	
Name:	Signature:		Date:	
Name:	Signature:		Date:	
PAYMENT OPTIONS- (please check one)	□Cash □ Charge	e 🗆 Check (Payable to	o: Tel Hai Retirement Community)	
Name on Credit Card:		_ Expiration Date:		
Credit Card #:		_ 3-Digit Security Co	3-Digit Security Code:	
Credit Card Type: (please check on	<i>e)</i> □Visa □Master	Card Discover	□Amex	

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

Form Updated: 7/31/2024