



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](mailto:aquatics@telhai.org) or  
 610-273-9333 ext. 2441

# Swim Lesson Release Form

## PARTICIPANT(S) INFORMATION-

Name(s): \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## PARTICIPANT'S CONTACT INFORMATION-

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION-

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## MEDICAL INFORMATION-

Are there any medical conditions of which the instructor should be aware of? **Circle:** Yes OR No

If yes, please explain: \_\_\_\_\_

**RELEASE-** By signing this document, I acknowledge that all activities at the StoneCroft Aquatics Center have inherent risks. I hereby assume all risks for my health and well-being related to participation in any and all activities. I further waive, release, absolve and agree to hold harmless any instructor, the facility, or any other persons involved with Tel Hai Retirement Community. I also understand that my membership currently does not apply to Team Member classes and Resident volleyball games. I understand my membership may be revoked at any time and I agree to abide by all policies and procedures of Tel Hai. I acknowledge and understand all children in the pool must be fully potty-trained or in swim diapers. Pool closures due to inclement weather, maintenance, swim meets, or events do not warrant refunds or make-ups.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT OPTIONS- (please check one) Cash Charge Check (Payable to: Tel Hai Retirement Community)

Name on Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Credit Card Type: (please check one) Visa MasterCard Discover Amex

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