

TOLLEFSON SWIMMING

Summer 2023 Programs

Tollefson Swimming is proud to offer programs at several locations this summer. Please call or email us for additional forms, questions, special concerns, or to discuss class placement. Swimmers must be members at outdoor pools to enroll (Garrett Park, Tilden Woods). Georgetown Prep does not require pool membership to register. Please note that we offer in-water classes at all locations. For deck stroke or endurance, Georgetown Prep is the only location available. For Wildwood classes (must be a Wildwood member), please visit the Wildwood website or contact the pool.

Registration Instructions:

Please check/circle below which program you are registering for. You may register for more than one program. Please complete and send the form to Gigi at giuliana@tollefsonswimming.com. If you have a specific class time request, please indicate it on your form or email response. If you have swum with Tollefson before, you can just indicate in your email response what you would like to register for without completing the form. All new swimmers to Tollefson must complete the form to register.

Payment is due with registration to reserve your spot; we will send an invoice electronically which will detail payment options.

GARRETT PARK (Must be a pool member)

One 2-week session of eight half-hour classes (IN WATER & MASTERS ONLY)

All classes Monday/Tuesday/Thursday/Friday (Weather makeup 2nd Wednesday of each session if necessary)

Session One – June 19 – June 30 (\$220)

Between 12:00 noon and 1:00 pm _____ Between 6:30 and 7:30 pm _____

Session Two – July 3 – July 14 except July 4 (\$200)

Between 12:00 noon and 1:00 pm _____ Between 6:30 and 7:30 pm _____

Session Three – July 17 – July 28 (\$220)

Between 12:00 noon and 1:00 pm _____ Between 6:30 and 7:30 pm _____

Master's Swimming – June 5 – July 28 (\$200)

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

TILDEN WOODS (Must be a pool member)

One 2-week session of eight half-hour classes (IN WATER ONLY)

All classes Monday/Tuesday/Thursday/Friday (Weather makeup 2nd Wednesday of each session if necessary)

Session One – June 19 – June 30 (\$220)

Between 6:30 and 7:30 pm _____

Session Two – July 3 – July 14 except July 4 (\$200)

Between 6:30 and 7:30 pm _____

Session Three – July 17 – July 28 (\$220)

Between 6:30 and 7:30 pm _____

GEORGETOWN PREP (Pool membership not necessary)

1 session only (6/20 – 7/28, except 7/4).

Classes are offered on Monday, Tuesday, or Thursday evenings.

In-water classes (unable to swim a full length)

Weekly 30-minute class (\$300)

Monday, Tuesday, or Thursday between 6:30 and 8:00 pm _____

Deck stroke class (able to swim a full length independently)

Weekly 30-minute class (\$240)

Monday, Tuesday, or Thursday between 6:30 and 8:00 pm _____

Training/Endurance class (able to complete a full length of free & back)

Weekly stroke class + 1 x 60-minute endurance class (\$480)

Weekly stroke class + 2 x 60-minute endurance class (\$600)

Monday, Tuesday, or Thursday 6:30 – 7:30 pm _____

Make sure to indicate which stroke class day and which endurance day(s)

Please complete the below registration information:

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 because 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 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