

TOLLEFSON SWIMMING

I have read the Tollefson Swimming USA Swimming Safe Sport Minor Athlete Abuse Policy and agree to abide by the Policy.

Parent 1# Signature: _____

Date: _____

Parent 2# Signature: _____

Date: _____

Swimmer Signature: _____

Date: _____

Please sign, date and return to Tollefson Swimming at:
henry@tollefsonswimming.com

Thank you