

American Red Cross  
Sign In Sheet

I \_\_\_\_\_ understand that my child \_\_\_\_\_  
will be participating in an American Red Cross Swim Class at Sokol Pool  
in Ennis.

Child's full name \_\_\_\_\_

Parent's name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mom's work number \_\_\_\_\_

Dad's work number \_\_\_\_\_

Emergency contact person and number \_\_\_\_\_

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Child's Doctor and number \_\_\_\_\_

In the event that medical attention is required, I give Kelly Tebbe or any other Sokol Pool employee permission to act in such an event. I also understand that Kelly Tebbe or any other employee at Sokol Pool will do everything in their power to contact me immediately if an emergency situation should arise. In case of an accident, I hereby release Kelly Tebbe /Sokol employees of all liability. I have also read and understand the guidelines specified in the information sheet and I hereby agree to abide by them in full.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

She is a Water Safety Instructor. American Red Cross classes.