

“Splish Splash”

Application *(Solicitud)*

Vivian Stancil Olympian Foundation, Inc.

P.O. Box 5536

Riverside, CA 92517

Off: 951-462-1165

June 29, 2024

“Splish Splash” Water Safety Swim Program

Program A de Natation/Seguridad Hidrica “Splish Splash”

Child’s Name/Adult *(Nombre en letra de molde)* _____

Address *(Direction)* _____

City *(Cuidad)/Zip (Codigo Postal):* _____

Email *(Correo Electronico)* _____

Home or Mobile Phone *(Tel. De Dia):* _____

Child’s Age: *(Edad del solicitante)* _____

Emergency Contact: *(Contacto de emergencia)* _____

Phone # *(Telephono)* _____

Date: *(Fecha):* _____

Approval of photographic Image be used on Website or Literature: (Circle One)

Aprobacion para utilizar imagen fotografica utilizar en sitia web or literature: (Cicule uno)

YES

NO

All participants must come to the event by their own personal transportation means.