

# “Splish Splash”

## Application *(Solicitud)*

Vivian Stancil Olympian Foundation, Inc.

P.O. Box 5536

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Off: 951-462-1165

**June 28, 2025**

## “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.**