

Tomball Kids Swim Application – 2025

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

Phone Number (Required): (_____) _____ - _____

Child Information

Child's Name: _____

Age as of May 2025: _____ (Program open to children ages 4 to 7)

Special Needs or Accommodations (list any special needs or concerns):

Session Choice: (Please select one session)

- Session 1 Session 2

Day Preference: (Please select one preferred day)

- Tuesday Thursday

Class Level and Time Preference: (Limited spots available per class. Please select one preferred time)

- | | | |
|---|---|---|
| <input type="checkbox"/> Level 1 (Max 4 swimmers) | <input type="checkbox"/> Level 2 (Max 4 swimmers) | <input type="checkbox"/> Level 3 (Max 5 swimmers) |
| <input type="checkbox"/> 10:00 a.m. | <input type="checkbox"/> 10:30 a.m. | <input type="checkbox"/> 10:30 a.m. |
| <input type="checkbox"/> 11:00 a.m. | <input type="checkbox"/> 11:30 a.m. | <input type="checkbox"/> 11:30 a.m. |
| <input type="checkbox"/> Noon | <input type="checkbox"/> 12:30 p.m. | <input type="checkbox"/> 12:30 p.m. |
| <input type="checkbox"/> 4:00 p.m. | <input type="checkbox"/> 4:30 p.m. | <input type="checkbox"/> 4:30 p.m. |

Parental Consent and Waiver of Liability

I give my child permission to participate in the Tomball Kids Swim program. I understand and accept that the City of Tomball is not liable for any injuries that may occur during the program.

Parent/Guardian Signature: _____ Date: _____

Registration & Contact Information

Forms must be submitted in person on the designated registration date. Emailed forms will not be accepted.

For questions, contact Brian Vestal, Pool Manager – (832) 967-7833 or via email at poolmanager@tomballtx.gov