

SWIMMING/WADING ACTIVITY PERMISSION

Child's Name: _____

Respond to the following statements by answering YES or NO:

1. My child can swim. _____

If YES, has this child taken swimming lessons? _____ How many years? _____

2. My child has permission to participate in wading activities. _____

3. My child has permission to participate in swimming activities. _____

I understand that the children will be supervised at all times by _____
Only wading and swimming facilities meeting applicable local standards will be used.

Parent/Guardian Signature

Date

SWIMMING/WADING ACTIVITY PERMISSION

Child's Name: _____

Respond to the following statements by answering YES or NO:

4. My child can swim. _____

If YES, has this child taken swimming lessons? _____ How many years? _____

5. My child has permission to participate in wading activities. _____

6. My child has permission to participate in swimming activities. _____

I understand that the children will be supervised at all times by _____
Only wading and swimming facilities meeting applicable local standards will be used.

Parent/Guardian Signature

Date