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