

Student
Name: _____ School/Classroom: _____

SWIM PERMISSION FORM

I understand that the swimming program will be in a school swimming pool, YM/YWCA pool, or a public lake, and that direct supervision will be provided by staff members and by a lifeguard.

SELECT ONE BELOW:

I give permission for the student named above to participate in the swim program.

(Signature Parent/Guardian and DATE)

(Signature Adult Student and DATE)

OR

I do **NOT** give permission for the student named above to participate in the swim program.

(Signature Parent/Guardian and DATE)

(Signature Adult Student and DATE)

If you do not wish to give permission because of health concerns, please describe health concerns below:
