

YMCA of Central Ohio SCHOOL-AGE SWIMMING PERMISSION FORM

Child's Name _____ Birth date: _____

I, _____, parent/guardian of _____,
Parent/Guardian's *Child's Name*

grant permission for my child to swim at The Liberty Township/ Powell YMCA.

on the following date (s) Saturday, January 17, 2015 and Sunday, January 18, 2015. I understand that a

lifeguard will be on duty at all times. The program will maintain a minimum staff/child ratio of 1/18 during swimming activities. The program will not be providing additional adults beyond the required staff/child ratio.

PLEASE CHECK ALL APPLICABLE INFORMATION BELOW

MY CHILD: _____ Is a non-swimmer **CHILD'S AGE:** _____
_____ Is a swimmer – cannot be tested to swim in the deep end
_____ Is a swimmer – can be tested to swim in the deep end
_____ Has successfully completed formal swimming lessons

I agree to hold harmless the YMCA, its agents and employees for all incidents alleging bodily injury or property damage or loss occurring while the person herein described is a participant in a YCMA sponsored activity on or off the YMCA premises. I will not hold harmless the YMCA from any liability arising out of negligence of the YMCA.

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

** A new form must be completed for each new swimming trip that is not routine, and each time you visit a new swimming location.*