

## SUMMER DAY CAMP PROGRAM SWIM RELEASE FORM

*This form must be completed each time the child is enrolled in a swim session*

### CHILD INFORMATION

NAME	AGE
COUNSELOR(S)	GROUP

### PLEASE INDICATED THE TIME AND DAYS WHEN YOUR CHILD WILL BE ATTENDING SWIM LESSONS

TIME	DAYS <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY
FIRST DAY OF LESSON	LAST DAY OF LESSON

### PARENT AUTHORIZATION

In signing below, I request that my child be excused from the Day Camp Program at the specific days and times mentioned above. I understand that the program provider is not liable for incidents involving my child that occur after he/she is signed out of the Day Camp Program and signed into the pool facility. I also understand that my child is expected to be signed back into the Day Camp Program once his/her swim lesson is done by a pool staff.

PARENT NAME	PARENT SIGNATURE	DATE
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