



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Pickaway Co. YMCA 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 Pickaway Co. YMCA Indoor Pool on the following date (s)  
*Name/location of pool*

Monday-Friday August 2022-May 2023. I understand that a lifeguard will be on duty at all times. The program will maintain a minimum staff/child ratio of 1:12 during swimming activities. The program will not be providing additional adults beyond the required staff/child ratio.

### **PLEASE CHECK ALL APPLICABLE INFORMATION BELOW**

**\*\*This information is used only as a baseline for Aquatic Staff to determine swim ability and need for life jacket. Life jackets must be worn by all who do not meet our height requirement\*\***

**MY CHILD:** \_\_\_\_\_ Is a non-swimmer - will wear a life vest in the water      **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 YMCA 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.