



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Central Ohio SWIMMING PERMISSION FORM

Child's Name: _____ Birth Date: _____

I, _____, parent/guardian of _____,
Parent /Guardian's Name Child's Name
grant permission for my child to swim at _____. I understand

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

PLEASE CHECK ALL APPLICABLE INFORMATION BELOW

Child's age: _____

My Child: _____ Is a **NON-SWIMMER**

_____ Is a **SWIMMER** - cannot be tested to swim in the deep end

_____ Is a **SWIMMER** - can be tested to swim in the deep end

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 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.