



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 the Hilliard YMCA (4515 Cosgray Rd, Hilliard, OH 43026) Indoor Pool
Name/location of pool

on the following date (s) September 1, 2019 - May 30, 2020 I understand that a lifeguard will be on duty at all times. The program will maintain a minimum staff/child ratio of 2:25 during swimming activities. The program will not be providing 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 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.*