



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Jerry L. Garver 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 Jerry L. Garver YMCA Indoor Pool on the following date (s)

Monday-Friday Nov. 2022 – May 2022. 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.