



**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 Jerry L Garver YMCA 6767 Refugee Road, Canal Winchester, 43110  
Name/location of pool

on the following date (s) Mon-Fri Nov. 2025 – May 2026. I understand that a lifeguard will be on duty at all times. The program will maintain a minimum staff/child ratio of 1:15 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 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.*