

# Swimming Permission Slip & Release Form

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Organization: \_\_\_\_\_

## ACTIVITY DETAILS

Activity Name and Date \* \_\_\_\_\_ Pool/Beach Location \* \_\_\_\_\_

Swim Skill Level \* \_\_\_\_\_

## PARTICIPANT INFORMATION

Child's Full Name \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_ Parent/Guardian Name \* \_\_\_\_\_

Parent/Guardian Phone \* \_\_\_\_\_ Parent/Guardian Email \* \_\_\_\_\_

Emergency Contact Name \* \_\_\_\_\_ Emergency Contact Phone \* \_\_\_\_\_

## MEDICAL INFORMATION

Medical Conditions or Allergies \_\_\_\_\_ Medications (if applicable) \_\_\_\_\_

I acknowledge the risks associated with swimming activities and hereby give permission for my child to participate. I release the organization from liability and authorize emergency medical treatment if necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_