Child's Name: _____

Summer Camp Swim Waiver

Your child will have the opportunity to swim on designated swim days. It is a requirement to have a swim waiver prior to your child participating in a swim activity.

Please indicate your preference below:

☐ **I would like for my child to participate in swimming.**

☐ **I do not want my child to participate in swimming.**

☐ **I would like for my child to participate in swim lessons.**
–These lessons are designed for Level 1 and 2 swimmers.

_____
(Parent Signature) **(Date)**

Official Use Only

☐ **Green Band – Child may swim in deep water**

☐ **Yellow Band – Child may swim in shallow water only**

☐ **Vest – Child must wear vest while swimming (shallow water only)**

Verified by _____ Date _____
Staff Signature