

SWIMMING PERMISSION FORM

Name of Group _____ Group Leader _____

Destination _____ Dates of Trip _____

Participant's Name _____

Address _____

Phone _____

Parent / Legal Guardian's Name _____

Address (if different from above) _____

Emergency Phone _____

THERE ARE NO LIFE GUARDS ON DUTY. SWIM AT YOUR OWN RISK.

I **GIVE** permission for my child/children _____

to participate in swimming activities while on the _____ trip to _____.

I am aware that the hotel has a pool and/or may be accessible to the ocean.

My child/children _____ **MAY NOT** participate

in swimming activities while on the _____ trip to _____.

I am aware that the hotel has a pool and/or may be accessible to the ocean.

Responsibility: I understand and agree to support all state laws and rules set by the Group, School District, Directors and Chaperones. Any serious infraction will result in my child being sent home immediately at my expense.

Personal Items: I understand that the school and the tour operating company are not responsible for lost or stolen items

We have read, fully understand and agree with the above statements.

Participant's Signature _____ Date _____

Parent / Legal Guardian's Signature _____ Date _____