**The Afterschool Place**

**Water Activity Permission Form**

Name of Child \_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give consent for \_\_\_\_\_\_\_\_\_ to participate in water activities while at

THE AFTERSCHOOL PLACE / Camp YaGottaWanna.

I understand that my child’s care provider will:

\*Maintain a safe staff to child ration while participating in water activities

\*Closely monitor my child and will never leave them unattended while they are participating in the water activities listed below.

My child’s swimming abilities: Please check all that apply

\_\_\_\_\_ A non-swimmer

\_\_\_\_\_ Has successfully completed formal swimming lessons

Describe what level / skills your child has in swimming

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Has special needs with water activities

Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or guardian name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_

Annual signatures are required