



G R [^] C E H O U S E
ministries, inc.
giving hope to girls in foster care

SWIM PERMISSION SLIP

CHILD'S NAME: _____ DATE: _____

I give permission for my child to swim at the following location.

(YMCA, Camps, Park/Recreation Center)

I DO NOT grant permission for my child to swim at the following location

(YMCA, Camps, Park/Recreation Center)

Please Bring your Child dressed in their swimsuits on swim days.

For the purpose of:

Swimming - recreational

There will be Red Cross certified lifeguards and Recreation Leaders present at all times.

Please give us information regarding your child's water skills:

- No experience with water
- Has been in water with no formal instruction
- Has taken the following classes: _____

Does your child usually wear floatation devices while in water? _____
(This would include water wings.)

Any other information you would like to provide:

Parent or Guardian Signature

Date