## Date Group is Swimming:

## NOTE: There must be at least two adults in attendence at the swim session to monitor the group. An additional adult is required if the group exceeds 10 swimmers.

I give the pool supervisor permission (in my absence) to obtain whatever medical treatment may appear or be necessary in the event of illness or injury.

I have read and understand the swimming regulations. I agree to the Release from Liability and carry medical insurance.

## Group Leader Signature:

Each parent's signature below indicates that they have read and understand the swimming regulations, agree to the Release from Liability and provided proof of medical insurance for their child.

Group Leader							
Address							
City				State		Zip Code	
Phone							
E-mail							
Group Monitors:						]	
							-

			Medical Insurance Card					
Who is Swimming	Age	Self/Parent/Guardian Signature Signature	Scan Copy e-mailed	Paper copy provided	Card scanned at poolside	On File Summer Swim		