

Last Name: _____

Permission for Child to Swim Unaccompanied and Emergency Consent Form

Welcome to the Woodridge Swim Club!!!

The pool and surrounding areas are to be enjoyed by members and their families. We work hard to make this a safe and welcoming environment for you to spend your summers. Child safety is our NUMBER ONE concern!!

Only parents or legal guardians may sign for children to swim unaccompanied

Rules to make the pool a safe environment for children to swim unaccompanied:

1. Child must be 10 years old or older (children under 10 years old may be accompanied to the pool by a qualified and responsible babysitter)
2. Child must pass a swim test administered by Pool Manager or Senior Guard on duty
3. Child must be responsible and respectful of the staff at the pool
4. If your child is allergic to bees or foods, please indicate that on the reverse side
5. At any time Pool Staff may ask your child to leave the pool area if behavior suggests such dismissal – parent will be notified when this occurs
6. Most importantly, the pool staff are responsible for the safety of the swimmers and members, not to baby-sit: please do not leave your child to be cared for at the pool

Swim Test:

50 yard swim (any stroke – no touching bottom)
2 minutes of treading water in the deep end

Initials of Parent

Signature of Pool Manager or Senior Guard

PLEASE SIGN BELOW THAT YOU HAVE READ AND UNDERSTAND THE ABOVE RULES.

Signature of Parent or Guardian

Medical Authorization

I, _____, authorize all medical, surgical, diagnostic and/or hospital procedures as may be prescribed or performed by a licensed or treating physician for my minor child(ren), listed on this consent form, in the event that I or the physician named below cannot be reached in an emergency situation.

Signed: _____ Date: _____

Physician: _____ Physician's Phone: (____) _____

Last Name: _____

Permission for Child to Swim Unaccompanied and Emergency Consent Form

Last Name: _____

Member #: _____

Parent or Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : (____) _____ Cell Phone (____) _____

Pager #: _____ Alternative #: _____

Alternate Parent or Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : (____) _____ Cell Phone (____) _____

Pager #: _____ Alternative #: _____

Children under 10 years old

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Children 10 years and older allowed to swim unaccompanied

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Allergies or Medical Concerns

Emergency contact information of someone other than a parent or guardian:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : (____) _____ Cell Phone (____) _____

Additional Emergency Contact

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : (____) _____ Cell Phone (____) _____