

Ross Recreation Permission Slip

Camp Imagine

Please *initial* each field trip your child/ren will attend:

6/21: COM Swim _____

7/19: COM Swim _____

6/28: COM Swim _____

7/26: Carnival _____

7/12: COM Swim _____

Pick up is at 1:00pm

Please answer these questions:

1. Is your child water safe? Y N Somewhat (explain)

2. Has your child had any swimming lessons? Y N
About how many?

3. Can your child swim the length of a pool? Y N

4. Can your child hold his/her breath under water? Y N

5. Do you consider your child a: Beginner Intermediate or
Advanced swimmer?

6. Is there anything else we need to know about your child's
water safety?

Name of Child/ren _____

I hereby grant permission for my child/ren to participate in the recreation program described above. I waive all claims against the Town of Ross, The Town of Kentfield, Kentfield School District, Kent School, The College of Marin, and the Ross Recreation Program and its supervisors who are chaperoning this activity. In case of emergency, my child may be treated by a qualified physician unless otherwise stated below.

Signature of Parent or Guardian

Date