

Swimming Permission & Health Statement for Camp O' Fun / Club House

1. Name of Camper: _____ Age: _____
2. Address: _____ City: _____ Zip: _____
3. Home Phone: _____ Cell Phone: _____
4. Does your child have any fear of water? _____
5. Is your child afraid of being splashed? _____
6. Can your child float without support? _____
7. Can your child hold his/her breath under water? _____
8. Has your child gone off the diving board? _____
9. How far can your child swim (in terms of pool widths or lengths)? _____
10. Please list any other information that would help an instructor work more effectively with your child:
- _____

My child: _____ has my permission to swim at the Grosse Pointe City, Park, Woods, Shores and Farms Parks.

Parent / Guardian Signature:

Health Statement

I attest to the fact that my child: _____

is in good physical condition and that there have been no changes in his/her physical condition since undergoing a physical on:

Month/Year _____

My child has also received his/her required immunizations for school attendance. (If your child has not had a physical examination within the last year, you must complete the waiver form below.

He/She is physically able to participate in the activities involved in the Camp O' Fun/ Club House Program and is free from any illness or communicable disease at this time. His/Her specific limitations include (if none, type "none"):

Should any of the above conditions change, I will promptly notify the coordinator and staff.

A snack will be provided each afternoon and is included in the tuition fee. If your child has a food allergy, please specify (if none, type "none"):

Any other allergies or health problems (if none, type none): _____

Parent / Guardian Signature:

Date:

Physical Exam Waiver

☐ I am aware my child has not had a physical examination within the last year. I do not wish my child to have another physical exam at this time.

Parent / Guardian Signature:

Date: