

RECESS RESOURCES INC.
Summer Program Swimming Consent Form

As the Parent/Guardian of _____, I give my permission for this child to attend open swimming at the Vestal Memorial Pool, on Clayton Ave., for the purpose of recreational swimming during the Recess Resources Cub Care Summer Fun Program.

I understand that there is an additional cost of \$.50 per day

- I will provide this money to the program at the beginning of each week that my child is attending, any unspent money due to bad weather or other conditions will be returned to me at the end of the program session.

OR

- I will purchase a family pass offered through the Town of Vestal. I understand that the center is authorized to make a copy of the pass and will return it to me.

Indicate below the area of the pool he/she is allowed to go in:

- Shallow End of Pool with a **Coast Guard Approved Life Vest.**
- Shallow End of the Pool **(3 ½ feet deep – feet should be able to touch)**
- Deep End of the Pool (Child must be a strong swimmer)
- Deep End & Dive off the Diving Board (strong swimmer & know how to use board)
- My child is **NOT** allowed to go to the pool.
- May walk over to the pool, but cannot swim!**

NOTE: My Child requires the following special items when swimming (ear plugs, head band, etc...): _____

Going to the Vestal pool daily is a fun opportunity for all of our children but it is also a privilege based on appropriate behavior while at the pool. All Children and staff will review our programs safety plan for conduct at the pool facility and going to and from the pool. Your child's cooperation with our pool safety rules and the staff is a must in order to maintain the privilege of going to the pool. You will be informed if we are considering withdrawing pool privileges for any reason. Please talk to your children about safe conduct in and around water, accidents can happen very quickly!

By signing this form and authorizing this child to attend, I release Recess Resources, Inc., it's staff, Board of Directors and Executive Director, of primary responsibility for the safety of my child while in the water at the Vestal Memorial Pool. I understand this form does not release the staff from negligence, irresponsibility, or unsafe practice in the area around the pool or while transporting this child to and from the pool. I understand that the staff is not trained in Water Rescue and therefore, any unforeseen accident that may occur to this child while in the pool is not the direct responsibility of the staff. The safety of your child while at the pool becomes the responsibility of the Town of Vestal and the Lifeguards on duty.

Parent Signature : _____ Date: ____/____/____