


Print Child's Name _____

| | |
|---|--|
|  | <h3>Summer Camp Swimming</h3> <p>Children and staff will walk to and from the Rocky River Recreation Center at 21018 Hilliard Blvd. 440.356.5660 Tuesdays & Thursdays, from June 16 through August 15, 2008, weather permitting.</p> |
|---|--|

Our center's policy is that NO CHILD IN OUR CARE may use a diving board.
PLEASE PROVIDE INFORMATION BELOW:


| | |
|---|----------------|
| My child's date of birth is: | |
| Box is checked because my child DOES NOT KNOW HOW TO SWIM. | |
| Box is checked because my child KNOWS HOW TO SWIM. | |
| INDOOR POOL | |
| My child is 48" tall and therefore may use the curly slide (31/2 ft depth). | [] Yes [] No |
| My child may use the Lazy River (no height requirement). | [] Yes [] No |
| OUTDOOR POOLS | |
| My child has permission to use the WATER SLIDES. | [] Yes [] No |
| <small>WSCCC provides one adult ABOVE staff/child ratio required by Ohio licensing.</small> | |

This permission slip pertains to the **entire season** unless a new slip is signed and returned to the office.

Date: _____

Parent/Guardian Signature

Print Child's Name _____

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