



Chamberlayne Recreation Association
2008 Swim Test/Permission Form For Minors

Child's Name _____ Date of Birth _____

Parent's Names _____

Address _____

Home Phone # _____ Emergency Phone# _____

Medical Conditions/Allergies _____

My child has permission to swim in the Chamberlayne Pool without adult supervision. I understand that if my child is between the age of 12 and 15, he or she must pass a swim test. I understand that my child is responsible for his/her behavior, and is expected to comply with all of the pool rules. I also understand that the manager and lifeguards on duty are fully authorized to enforce all rules and regulations, and they may temporarily suspend violators as they deem necessary. I understand that my child may not bring a guest to the pool if he/she is under the age of 15.

Parent/Guardian Signature _____

Medical Release: I hereby consent to emergency medical or hospital service that may be required by accredited medical personnel in the event such a need arises.

Health Insurance Provider _____ Member Number _____

Primary Insured: _____

Primary Care Physician _____ Phone Number _____

Preferred Hospital _____

Parent/Guardian Signature _____

SWIM TEST:

Date _____ Lifeguard Initials _____ Results: (P/F)