



Summer Recreation Day Camp – 2019 Information Sheet

·Child's Name _____ ·Age _____

Health Information

·Allergies: _____

·Medical Conditions: _____

Aquatic Center Information

Please check the box next to the statement that applies to the child listed above.

RED: My child **CANNOT** swim, and needs to stay in the **SHALLOW END** of the pool. My child should **NOT** use the diving boards or the water slides.

YELLOW: My child can swim, but should not go in water over his/her head. My child should **NOT** use the diving boards or the water slides. *Please check box below if your child may do the slides.*

If the height requirement is met, my child may go on the water slides (48”).

GREEN: My child is a strong swimmer and should have no issues at the pool. My child can use the diving boards and slides.

Special Instructions

·Any special instructions for this child: _____

Photo Release

·My child can be photographed: YES NO
Photographs may be used for marketing/advertising/promoting the Summer Recreation Day Camp.