

SUMMER CAMP 2020

SWIMMING PERMISSION SLIP AZARIAN GYMNASTICS

DATE: _____

I, _____, GIVE PERMISSION FOR MY CHILD(REN) _____
TO WALK ACROSS GLENWOOD ST. FROM AZARIAN GYMNASTICS TO THE GLENWOOD
AQUATIC CENTER WITH AZARIAN CAMP COUNSELORS, AND TO PARTICIPATE IN ALL
SWIMMING ACTIVITIES. I UNDERSTAND THAT THERE WILL BE CERTIFIED LIFEGUARDS IN
ATTENDANCE AT ALL TIMES. IN THE EVENT OF AN EMERGENCY, I AUTHORIZE MEDICAL
TREATMENT BY AZARIAN STAFF, GLENWOOD AQUATIC CENTER STAFF, AND ANY
RESPONDING EMERGENCY PERSONNEL.

SIGNED: _____

RELATIONSHIP TO CHILD(REN): _____