

MY CHILD MAY OR MAY NOT FORM

Child's Name _____

Rate her swimming ability in your opinion: _____

My Child May or May Not participate in the following:

	<u>MAY</u>	<u>MAY NOT</u>
Lake Swimming	_____	_____
Pool Swimming	_____	_____
Canoeing	_____	_____
Paddle Boats	_____	_____
Trampoline	_____	_____
Blob	_____	_____
Climbing Wall	_____	_____
Slide	_____	_____
Jet Ski w/Life Guard	_____	_____

Parent/Guardian Name & Signature

Date

Comments:

This form **MUST** be turned in, in order for your child to participate in the activities listed above.

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