

# Summer Camp 2017

## 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): \_\_\_\_\_