

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF DOOR COUNTY**

SWIMMING LEVEL ACKNOWLEDGMENT

I understand that the Club will use colored wristbands to identify my child's swimming ability as indicated by me, such that lower ability swimmers are restricted from certain swimming conditions as indicated below. My child (name) _____ swimming level is:

- NON-SWIMMER:** My child has no swimming skills and DOES NOT have permission to participate in swimming activities. I understand my child will participate in non-water activities.
- BEGINNING SWIMMER:** My child has basic swimming skills and can participate in water activities NOT greater than my child's height or the shallow end of a swimming pool.
- SKILLED SWIMMER:** My child has accomplished swimming skills and can participate in water over their head or in the deep end of a swimming pool.

EMERGENCY CONTACT INFORMATION

First and Last Name (Print): _____

Relationship to Member: _____

Address: _____ Telephone: (Cell) _____
_____ (Home) _____ (Work) _____ Secondary Emergency Contact:
_____ Telephone: _____

AUTHORIZATION AND ACKNOWLEDGMENT

I agree that my child's swimming ability is accurate as selected on this form. I understand that the Club will allow or hold swimming privileges based on what was selected. I understand that if my child is a non-swimmer, they will still attend the field trip and will have an alternate option other than swimming.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date