

PERMISSION to TRANSPORT

My Child _____ has my permission to be transported by staff of "Lyceum for Kids" to the following activities and places:

1. Pool
2. Neighborhood park or playground
3. Library, Rockville recreational center, etc.

Parent name and signature:

Date: _____

SWIMMING/WADING ACTIVITY PERMISSION

Child's Name:

Respond to the following statements by answering YES or NO:

1. My child can swim. _____
If YES, has this child taken swimming lessons? _____
2. My child has permission to participate in wading activities. _____
3. My child has permission to participate in swimming activities. _____

I understand that the children will be supervised at all times by adult
Only wading and swimming facilities meeting applicable local standards will be used.

Parent/Guardian Signature

Date