**RUBY VAN METER SCHOOL SWIMMING PROGRAM**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your student ever been in a swimming pool or pond/lake? YES NO

Is your student afraid of the water? YES NO

Does your student know how to swim? To what extent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your student had swimming lessons? If so, when? How helpful were lessons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your student comfortable with water depth that is over their head? YES NO

Do you have any suggestions for helping your student be comfortable in the pool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I grant permission for my student to participate in the Ruby Van Meter Swimming Program. This is a structured program taught by a Basic Water Rescue Instructor. A lifeguard is not present.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I would prefer that my student not be involved in the Ruby Van Meter Swimming Program.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please notify the school nursing staff if health factors develop that create a need to stop*

*or temporarily suspend swimming instruction.*