



RUBY VAN METER SWIMMING PROGRAM PERMISSION FORM

SCHOOL YEAR: _____

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? If so, to what extent? _____

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

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? _____

Does your student have a tracheostomy? YES NO

A provider's order is required for a student with a tracheostomy to swim at Ruby Van Meter.

Does your student have a provider's order? YES NO

If YES, please attach a copy of the provider's order to this form.

I understand and agree my child's participation in this program/activity may mean my child engages in activities, including activities not directly related to but ancillary to the program/activity outlined above, where there is risk of minor or serious injury, including death. For students with a tracheostomy, this specifically includes a greater risk of infection that can result in illness and death. In full acknowledgement of these risks, as parent/guardian of the student named above, I grant permission for my student to participate in the Ruby Van Meter Swimming Program, taught by a Basic Water Rescue Instructor. I understand that a lifeguard will not be present during instruction.

I understand that, in exchange for participating in this program/activity, I assume all risks I can legally assume on behalf of my child related to my child's participation in this program/activity



and agree to hold the District, its employees, agents, representatives, volunteers, and participants harmless from any and all liability, actions, causes of action, claims or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation in this program/activity.

This consent is valid for the school year listed above unless revoked in writing by the student's parent/guardian.

Parent/Guardian Signature: _____ Date: _____

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.