

Parental Release to allow students to attend lessons/practice without parents in attendance.



**Swim-in Zone, Inc.**  
4355 Saucon Creek Road  
Center Valley PA 18034  
610-791-4848

**RELEASE**

***THIS PARENT/GUARDIAN RELEASE WILL ALLOW STUDENTS TO ATTEND LESSONS/PRACTICE AT SWIM-IN ZONE WITHOUT PARENTAL SUPERVISION.***

\_\_\_\_\_, parent of \_\_\_\_\_  
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may attend swim classes/practice without parental attendance in the facility. Swim-in Zone, Inc. assumes no responsibility.

My child can attend to all their own needs for dressing and toileting. I can be contacted immediately by the phone number listed below.

Swim-in Zone, Inc. will contact me in the event of an emergency as soon as possible. I authorize Swim-in Zone, Inc. to act on my child's behalf in the event of an emergency. These actions may include, but are not limited to, applying first aid, alerting emergency medical authorities or calling 911.

Swim-in Zone, Inc. will also contact me if my child/children misbehave, become unruly, destroy any property or do not perform to their expected ability during lessons. If the parent is called for misbehavior, the child must be accompanied by a parent to continue to participate in Swim-in Zone activities for the next six months.

Parent signature: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Does your child have any allergies or special medical conditions? \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff initials: \_\_\_\_\_