Schroon Lake Youth Commission
SWIMMING AT THE WORD OF LIFE INN POOL

1. Swimming is at the following time:
Wednesday, March 20, 2013 Grades K-6th 3-5:00 pm
Pre-K students may come with a parent or chaperone only.

2. Students will be bussed from SLCS at 3pm. Please **PICK UP** your child (ren) at the pool at 5:00 P.M. and no later.

3. **Bring bathing suits and towels.** Please remember to take all your belongings when you leave.

4. Thanks to Word of Life this program will be FREE with Youth Commission paying the Life Guard.

6. Any questions, call Pat Savarie at 532-9217

PLEASE RETURN PERMISSION SLIP TO SLCS MAIN OFFICE BY *TUESDAY March 19th*. Thank you.

I,_____, give my permission for_____**GRADE**____
(Parent's/Guardian's name) (Student's name)
to participate in this program. I acknowledge that participation in this program involves the risk of injury, and I assume this risk. In consideration of this possibility, I consent to emergency transportation and treatment necessary in the event of illness or injury. I accept responsibility for the payment of any emergency transportation or treatment. This program involves physical activity, and I further acknowledge that I (or my child) and/is fully capable of performing the activities required. This program will take place at the swimming pool at the Word Of Life Inn, Schroon Lake. The potential risks involved in participating in this activity include, but are not limited to swimming. I agree to hold the Town of Schroon harmless from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury or property damage, to the extent permitted by law.
Phone number where I may be contacted in case of emergency: _____
If you will not be available on March 20th , please list name and number of person to contact in case of emergency: _____

_____ _____
(Parent's/Guardian's signature) (date)

____I will chaperone Wednesday March 20th from 3-5pm.