Dear Parent of Guardian:

Your son/daughter will have the opportunity to participate in a water program. This program is being provided through the Briarcliffe Swim Club.

The program will take place at Briarcliffe Swim Club pool. The Briarcliffe swim club will utilize certified life guards and water safety instructors, who are also experienced with working with students with disabilities.

Weekly program participation is based on your child’s achievement of weekly behavior goals. The students will be bused to Briarcliffe Swim Club every week. The students will have 60 minutes of water time.

In addition, this year we will be swimming at an outdoor swimming pool. Therefore, we will be purchasing a generic spay on sunscreen for our students.

Parent or guardian permission is required for a student to have a generic sunscreen applied to their person.

If you do not consent to the teachers applying a generic sunscreen, you will need to provide sunscreen in a Ziplock bag with your child’s name and grade clearly labeled.

Parent or guardian permission is required for a student to participate in the swimming program.

Please complete, sign, and return the attached form as soon as possible.

If you have any questions, please feel free to contact me at the numbers above.

Sincerely,

Kimberley Brown-Flint, Ed.D.
Southeast Delco School District

Swim Permission
2017 Summer ESY Program

Student’s Name __________________________ D.O.B. ____________

Please indicate any current medical conditions, which may impact you son’s/daughter’s participation.

___________________________________________________________________________________________

___________________________________________________________________________________________

Please indicate you desired response:

___________ My son/ daughter DOES have permission to swim with their class.

___________ My son/ daughter DOES NOT have permission to swim with their class.

___________ My son/daughter DOES have permission to have generic sunscreen applied by the teachers of the ESY program.

If you choose NOT to have the ESY teacher apply sunscreen you will need to provide your own sunscreen in a Ziplock bag with your child’s name and grade clearly labeled.

We, the parent/s or Guardian/s do hereby release, absolve, indemnify and hold harmless the District, its Directors, employees, officers, agents and servants from any and all claims, liability, loss, cost, damage and expense, including but not limited to, property damage and personal injury, which may in any way arise out of connection with the participation in swimming at Briarcliffe Swim Club, or the use of the facilities in which the event is conducted.

I/We, have read this Parental Permission intending to be legally bound, understanding that I/We am agreeing to give up certain legal rights and those of my child ________________________________.

Parent/Guardian signature X __________________________

Date _________

This release is valid through August 8, 2017.