AQUATICS PERMISSION FORM

Student’s Name ___________________________________________ Teacher ___________________________________________

Please complete and return the following permission form to school as soon as possible. Verbal permission will not be accepted!

☐ My child _____________________________________________ has permission to participate in the Bancroft School Aquatic program.

☐ My child _____________________________________________ does not have permission to participate in the Bancroft School Aquatic program.

☐ I understand it is my responsibility to provide a swimsuit and towel, disposable swim diapers and plastic pants (if applicable, see #1 on page 1) and if I desire, water shoes or socks for my child’s successful participation.

Guardian’s Signature: _____________________________ Date _____________

Any important information that we need to know about your child:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________