

Kettering Recreation Complex Parent Authorization

PERMISSION TO TRANSPORT (Mark Part 1 or Part 2)

Part 1:

I give the Kettering Recreation Complex my permission to transport my child, _____, for emergency medical care to _____ (hospital or clinic) or for emergency dental care to _____ (dental clinic) or to the nearest available source of assistance.

Parent/Guardian Signature	Date
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Part 2:

I do not give my permission to the Kettering Recreation Complex to transport my child, _____, for emergency medical or dental care. In the event of an injury that requires emergency medical or dental treatment, I wish the following action to be taken:

Parent/Guardian Signature	Date
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SWIMMING PERMISSION (Mark Part 1 or Part 2)

Each child will be tested for swimming ability during the first week of camp and tested, as needed, to entitle the child to more freedom within the pool.

Part 1:

_____ (Child's name) has my permission to participate in swimming or water activities in the zero-depth pool and main pool. Though I have given permission, I want the staff to be aware that my child:

() is unable to swim () I, _____, request that my child be restricted to the zero-depth pool only.
 () is able to swim () I, _____, will allow the staff to designate the pool boundaries for my child after a swim test is administered.

Parent/Guardian Signature	Date	Special Instructions
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Part 2:

_____ (Child's name) does not have my permission to participate in swimming/water activities in the main pool.

Parent/Guardian Signature	Date
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PERMISSION TO TRANSPORT — EXTENDED CARE

Permission is granted for my child _____ to be transported to and from extended care at Rosewood Arts Centre.

Parent/Guardian Signature	Date
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CITY OF KETTERING

PARKS, RECREATION AND CULTURAL ARTS DEPARTMENT