

Part IA WYC 2017 Middle School U: Registration & Agreement Form



_____ Student's Name		_____ Birthdate	_____ Age	_____ Gender	_____ Grade in Fall 2017
_____ Parent/Guardian 1		_____ Relationship to Student		_____ Parent/Guardian 2	
_____ Home Address		_____ Home Address			
_____ City/State/Zip		_____ Home Phone		_____ City/State/Zip	
_____ Work Phone		_____ Cell Phone		_____ Best Phone # During Program Hours	
		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home			
_____ Email Address		_____ Email Address			

Invoices and program information will be emailed.

I prefer for the information to be mailed.

Emergency Contact: *(For safety, any changes during the summer must be made in writing to the administrative office.)*

Parent/guardians listed above are considered authorized emergency contacts unless otherwise noted. Please list two additional emergency contacts.

Name (First & Last)	Best Phone # During Program Hours	Alternate Phone # During Program Hours	Relationship to Student	Emergency Contact Person

Middle School U Arrival/Departure Acknowledgement: *(For safety, any changes during the summer must be made in writing to the administrative office.)*

I acknowledge my student will arrive at and depart from program independently. My student is expected to check-in with staff upon arrival and departure, and check themselves in and out on the attendance sheet. If my student is ill or will for another reason be absent, parents are to call the attendance message number at 608-276-9898. If my student does not arrive at Middle School U within a reasonable amount of time and the staff has not received a message that my student will be absent, staff will take steps to locate the student. Please read the Middle School U Parent/Student Handbook for details.

Parental Consent

1. I give my consent for WYC staff to act on my behalf to obtain emergency care and treatment if deemed necessary for my student.
2. I give my consent as indicated on part II for the application of sunscreen and/or insect repellent.
3. I give my consent for my student's participation in any field trips scheduled as part of his or her summer enrollment.
4. I give my consent for my student to be transported to and from any scheduled program activity for which transportation is provided.
5. I understand that WYC reserves the right to remove or suspend a student from the program if the student has needs that cannot be accommodated within the normal staffing pattern or if the safety of the student, staff or other students are jeopardized.
6. I understand I must list a minimum of one, preferably local, emergency contact other than parents on the registration form. I will inform anyone listed as an emergency contact that WYC may contact him or her in an emergency. I give permission for WYC staff to share pertinent information, including health information, with emergency contacts as necessary.
7. If severe weather, physical facility problems or other emergencies exist in the community surrounding the program location or the facility itself, program may not operate or may relocate to an alternate site. There is no credit or fee reduction for program closings.
8. I acknowledge that I have carefully reviewed and accurately completed parts IA, IB, II, III and IV of this registration packet.

Agreement Signature - I/We understand and agree to abide by the above policies and other WYC policies as stated in the parent/student handbook. Handbook is available online or in print.

Parent / Guardian - Please Print Name

Signature of Parent / Guardian

Date

Photo Release

I grant Wisconsin Youth Company (WYC) permission to publish my child's image through print or digital media for purposes of promoting WYC programs. This may include, but is not limited to, brochures, displays, websites, WYC social media sites or group emails. I understand that children's names are not used when their images are displayed on our website or social media or in widely distributed print materials. I understand that if I request, in writing, removal of my child's image from WYC's websites his/her image will be removed no later than seven days from receipt of my request. Also, I release WYC, its employees, officers, directors and successors from any liability or claim related to the publication or disclosure for which I have hereby granted permission. I understand that the consent I grant here is completely voluntary.

Yes, I accept the photo release
 Yes, program site use only (not external publicity)
 No, I do not accept the photo release

Signature of Parent / Guardian _____ Date _____

Office Use Only - Fees: Deposit	Amt Pd	Ck #	Date Received	Received by
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Part IB **WI Youth Company Summer 2020: Course Selection Form**
Middle School U - Madison



Child's Name: _____ Date of Birth: _____

Directions: Check the box of desired course for each week(s). You will be contacted if a course is waitlisted or cancelled. Note: No courses July 3.
 \$25 deposit per course is required at the time of registration.

Dates	Morning Courses 9 a.m.-Noon	Fee	All Day Courses 9 a.m.-4 p.m.	Fee	Afternoon Courses 1-4 p.m.	Fee
June 15-19	<input type="checkbox"/> Lego Robotics \$105 <input type="checkbox"/> Word Art \$110 <input type="checkbox"/> Painting \$110 <input type="checkbox"/> Field Sports \$110 <input type="checkbox"/> Glass Mosaics \$175 <input type="checkbox"/> UW Science \$110		<input type="checkbox"/> Bus Stops Here \$235		<input type="checkbox"/> Gym Games & Sports \$110 <input type="checkbox"/> Hands-on Science \$100 <input type="checkbox"/> Fantasy Board Games \$90 <input type="checkbox"/> Mixed Media Art \$115 <input type="checkbox"/> Rock Climbing \$165 <input type="checkbox"/> Disc Golf & Ultimate \$110	
June 22-26	<input type="checkbox"/> Babysitter Training \$165 <input type="checkbox"/> Disc Golf & Ultimate \$110 <input type="checkbox"/> Baking Cakes & Cupcakes \$110 <input type="checkbox"/> Comic Writing & Design \$100 <input type="checkbox"/> Popular Sports \$110 <input type="checkbox"/> Fishing \$130 <input type="checkbox"/> Drawing \$100		<input type="checkbox"/> Bus Stops Here \$235		<input type="checkbox"/> Ecosystem Exploration \$110 <input type="checkbox"/> Cake Decorating \$110 <input type="checkbox"/> RPG Mini Figure Painting \$115 <input type="checkbox"/> Mixed Media Art \$115 <input type="checkbox"/> Golf \$120 <input type="checkbox"/> Biking Madison 101 \$120 <input type="checkbox"/> Find Your Voice \$100	
June 29-July 2 (no course 7/3)	<input type="checkbox"/> Archery \$90 <input type="checkbox"/> Golf \$95 <input type="checkbox"/> Dungeon Master Basics \$90 <input type="checkbox"/> Madcity Quest \$115 <input type="checkbox"/> Intro to Cooking \$90 <input type="checkbox"/> Jewelry Making \$100		<input type="checkbox"/> Biking Madison 102 \$225		<input type="checkbox"/> Archery \$90 <input type="checkbox"/> Nature Art \$100 <input type="checkbox"/> Rocketry \$95 <input type="checkbox"/> Soaps, Lotions & More \$100 <input type="checkbox"/> Chef's Challenge 1 \$90 <input type="checkbox"/> Fencing \$100	
July 6-10	<input type="checkbox"/> Archery \$105 <input type="checkbox"/> Mad Flavor Town \$120 <input type="checkbox"/> Machine Sewing \$115 <input type="checkbox"/> Babysitter Training \$165 <input type="checkbox"/> Sculpture Arts \$110 <input type="checkbox"/> Drawing \$100 <input type="checkbox"/> Intro to Sign Language \$100		<input type="checkbox"/> Aquatic Adventures \$295		<input type="checkbox"/> Archery \$105 <input type="checkbox"/> Rock Climbing \$165 <input type="checkbox"/> Sweet Treats \$105 <input type="checkbox"/> Yoga & Mindfulness \$95 <input type="checkbox"/> Role Playing Games \$90 <input type="checkbox"/> Ink Printing & Design \$110 <input type="checkbox"/> Lego Robotics \$105	
July 13-17	<input type="checkbox"/> Cooking Skills \$105 <input type="checkbox"/> Glass Fusing \$175 <input type="checkbox"/> Digital Animation \$105 <input type="checkbox"/> Jewelry Making \$110 <input type="checkbox"/> Soaps Lotions & More \$110 <input type="checkbox"/> Obstacles & Relays \$110 <input type="checkbox"/> Board & Card Games \$90		<input type="checkbox"/> Wisconsin Rocks \$260		<input type="checkbox"/> Chef's Challenge 2 \$105 <input type="checkbox"/> Fitness Fun \$110 <input type="checkbox"/> Ceramics & Pottery \$115 <input type="checkbox"/> Film Making \$110 <input type="checkbox"/> Chess \$90 <input type="checkbox"/> Wonderful World of Water \$120 <input type="checkbox"/> Chain Reaction Contraption \$105	
July 20-24	<input type="checkbox"/> World of Sports \$110 <input type="checkbox"/> Comic Writing & Design \$100 <input type="checkbox"/> Stained Glass \$195 <input type="checkbox"/> Ink Printing & Design \$110 <input type="checkbox"/> Strategy Board Games \$90 <input type="checkbox"/> Healthy Cooking \$105 <input type="checkbox"/> Drawing \$100		<input type="checkbox"/> Aerial Adventures \$315		<input type="checkbox"/> Vegetarian Cooking \$105 <input type="checkbox"/> Work it at the Y \$120 <input type="checkbox"/> Programming with Micro:bit \$185 <input type="checkbox"/> RPG Mini Figure Painting \$115 <input type="checkbox"/> Maker's Space \$105 <input type="checkbox"/> Circus Skills \$100 <input type="checkbox"/> Lego Robotics \$105	
July 27-31	<input type="checkbox"/> Archery \$105 <input type="checkbox"/> Baking From Scratch \$110 <input type="checkbox"/> Fencing \$110 <input type="checkbox"/> Anime & Manga \$110 <input type="checkbox"/> Word Art \$110 <input type="checkbox"/> Sculpture Arts \$110 <input type="checkbox"/> Larping \$110		<input type="checkbox"/> Hiking, Swimming & Kayaking \$275		<input type="checkbox"/> Archery \$105 <input type="checkbox"/> Web Design \$185 <input type="checkbox"/> Ceramics & Pottery \$115 <input type="checkbox"/> Rocketry \$115 <input type="checkbox"/> Chain Reaction Contraption \$105 <input type="checkbox"/> Rock Climbing \$165 <input type="checkbox"/> Board & Card Games \$90	
August 3-7	<input type="checkbox"/> Cooking Around the World \$110 <input type="checkbox"/> Dungeon Master Basics \$95 <input type="checkbox"/> Fantasy Board Games \$90 <input type="checkbox"/> Summer Sports & Games \$110 <input type="checkbox"/> Farm to Table: Harvesting \$125 <input type="checkbox"/> Maker's Space \$105		<input type="checkbox"/> Aerial Adventures \$315		<input type="checkbox"/> Wacky Workouts \$110 <input type="checkbox"/> Machine Sewing \$115 <input type="checkbox"/> Programming with Micro:bit \$185 <input type="checkbox"/> Art Around Town \$150 <input type="checkbox"/> Role Playing Games \$90 <input type="checkbox"/> Batik & Tie Dye \$110	
August 10-14	<input type="checkbox"/> Outdoor Sports & Games \$110 <input type="checkbox"/> Rock Climbing \$165 <input type="checkbox"/> Jewelry Making \$110 <input type="checkbox"/> Chess \$90 <input type="checkbox"/> Anime & Manga \$110 <input type="checkbox"/> Art Around Town \$150		<input type="checkbox"/> Summer's End \$280		<input type="checkbox"/> Team Games \$110 <input type="checkbox"/> Fencing \$110 <input type="checkbox"/> Rocketry \$115 <input type="checkbox"/> Word Art \$110 <input type="checkbox"/> Web Design \$185 <input type="checkbox"/> Digital Animation \$105	
Reminder - The remaining amount of each course fee is due Monday (5 p.m.) five business days prior to the start of the course week.			Total a.m., all-day & p.m. course deposits \$			

Part II WYC Health History & Emergency Care Plan Form



Page 1 of 2

Directions: Please complete this form in its entirety. A review by parents/guardians and staff is required annually. This form remains at your child's program during the hours your child is present in the care of Wisconsin Youth Company staff.

Child Information:

Child's Name (Last) _____ (First) _____ (Middle) _____ Birthdate (MM / DD / YYYY) _____

Home Address (Street, City, State, Zip Code) _____ Date – First Day of Attendance (MM / DD / YYYY) _____

Parent Name (Last) _____ (First) _____ Best Phone # During Program Hours _____

Address (if different from child's) _____

Physician / Medical Facility Information:

Name of Physician _____ Name, Address and Phone Number of Medical Facility _____

Sunscreen Authorization (Check 1 box):

- I authorize the use of Rocky Mountain SPF 30 sunscreen as needed for my child to self-apply to the extent possible, and WYC staff is authorized to provide assistance in applying sunscreen as needed to ensure adequate coverage.
- I will provide sunscreen for my child to self-apply to the extent possible, and WYC staff is authorized to provide assistance in applying sunscreen as needed to ensure adequate coverage.
- I do not authorize the use of sunscreen on my child during program hours.

Insect Repellent Authorization (Check 1 box):

- I authorize WYC staff to apply Cutter Family Pump Spray (7% DEET) to my child as needed.
- I will provide insect repellent for WYC staff to apply to my child as needed.
- I do not authorize the use of insect repellent on my child during program hours.

Immunization History: List the month/day/year the child received each of the following immunizations. Please fill in all empty boxes as required by state law. If you do not have an immunization record for your child, contact your doctor or local public health department to obtain the records. Visit <https://www.dhfs.wisconsin.gov/pr/clientSearch.do?language=en> and enter your child's name and social security number for a state immunization record for your child.

Vaccinations - required for 5 years and older	1st	2nd	3rd	4th	5th	Vaccinations - required for 4 year olds	1st	2nd	3rd	4th
DTP Diphtheria, Tetanus, Pertussis						DTP Diphtheria, Tetanus, Pertussis				
Polio (IPV)						Polio (IPV)				
Hepatitis B						Hepatitis B				
Measles, Mumps, Rubella (MMR)						Measles, Mumps, Rubella (MMR)				
Varicella (Chicken Pox) Has the child had Varicella (chicken pox) disease? If yes, vaccine not required. Year: _____ If no or unsure, vaccine required.						Varicella (Chicken Pox) Has the child had Varicella (chicken pox) disease? If yes, vaccine not required. Year: _____ If no or unsure, vaccine required.				
						Hib (Haemophilus Influenzae Type B)				
						Pneumococcal Conjugate Vaccine				

IF THE CHILD MEETS ALL REQUIREMENTS sign at arrow below and return this form to Wisconsin Youth Company, OR
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS check appropriate box below, sign and return this form to Wisconsin Youth Company.

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for the child WITHIN ONE YEAR and to notify Wisconsin Youth Company in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to Wisconsin Youth Company may result in court action against the parents and a fine up to \$25 per day of violation.

For health reasons this child should not receive the following immunizations (List in chart above any immunizations already received.): _____

Physician's Signature: _____

For religious reasons this child should not be immunized. (List in chart above any immunizations already received.)

For personal conviction reasons this child should not be immunized. (List in chart above any immunizations already received.)

Signature of Parent / Guardian _____ Date _____

Directions: Please complete this form in its entirety. A review by parents/guardians and staff is required annually. This form remains at your child's program during the hours your child is present in the care of Wisconsin Youth Company staff.



Child Name: _____

Program Participation

I have reviewed the activities of the program and feel my child can participate without restrictions: Yes No

If no, my child can participate with the following restrictions or accommodations: _____

1. Special Health Information: Please check yes or no and provide additional information that may be helpful to our staff in the details. Detailed health information allows our staff to provide accommodations as needed to ensure the safety and well-being of your child during program hours.

General Health:

- Asthma Yes No Details: _____
- Cerebral palsy/motor disorder Yes No Details: _____
- Diabetes Yes No Details: _____
- Gastrointestinal or feeding concerns, including special diet and supplements Yes No Details: _____
- Epilepsy/seizures Yes No Details: _____
- ADHD Yes No Details: _____
- Autism Spectrum diagnosis Yes No Details: _____
- Behavioral or mental health considerations Yes No Details: _____
- Cognitive/learning development considerations Yes No Details: _____
- IEP or other school accommodation plan Yes No Details: _____
- Other conditions that may require special care Yes No Details: _____

Allergies:

- Food/Milk Yes No Details: _____
- Medication(s) Yes No Details: _____
- Environmental Yes No Details: _____
- Other Yes No Details: _____


Medications Kept at Site:

- EpiPen Yes No
- Inhaler Yes No
- Other medication (please specify) Yes No Medication name(s): _____

If you have indicated that your child has one or more of the medical conditions listed, you must complete questions two through seven. Please enter "N/A" if a question is not applicable to your child's health.

2. Signs or symptoms to watch for-please specify.
3. Triggers that may cause problems and steps WYC staff should follow in response-please specify.
4. Identify any WYC program staff to whom you have given specialized training/instructions to help treat symptoms.
5. Medications (prescribed and over-the-counter) your child takes regularly between the hours of 6:30 a.m. and 6 p.m. Please list the name of medication and the time of day to be administered.
6. When to call parents regarding symptoms or failure to respond to prescribed treatment.
7. When to consider that the condition requires emergency medical care or reassessment.

In the event my child becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I give my consent for Wisconsin Youth Company to act on my behalf to obtain emergency care and treatment if it is deemed necessary.

 _____ Signature of Parent / Guardian _____ Date



Child's Name _____

Payment of Fees

1. I understand the \$25 weekly deposit towards each program is non-refundable and non-transferable, unless a program is full or canceled by WYC. (\$50 deposit for Wander Wisconsin trips and two week Immersion Camps.)
2. I understand that the remaining weekly fee (less deposit) is due by the end of the business day Monday (5 p.m.) five business days prior to the start of program, and that all required registration information must be submitted at least six business days prior to the scheduled program start date, or my child's enrollment may be withdrawn. If registering six business days prior to the start of program, payment is due in full and all forms must be complete at time of registration.
3. I understand that a late payment fee of \$20 will be assessed for payments not received by Monday, five business days prior to the scheduled program, and non-payment of fees may result in my child's removal from the program. I understand that a \$30 charge is assessed for each Non-Sufficient Funds (NSF) check or declined credit card transaction.
4. I understand written advance notice must be received by the administrative office to withdraw from or change scheduled attendance, provided space is available. Written notice must be received no later than the end of the business day six business days prior to the program start date being withdrawn from or changed. Failure to submit written cancellation on time will result in the liability of all fees paid and owed for that program.
5. I understand that fee credit will not be given if my child is absent from all or any portion of a confirmed program.
6. I understand if a program is full or cancelled by Wisconsin Youth Company for any reason, registering families shall have no claim other than a full refund.
7. I understand early drop-off and/or late pick-up outside of program time may result in a \$25 late fee per child for each 15 minute increment. Repeated infractions may result in removal from program.
8. I understand that if I am receiving assistance, I am responsible for any amount not paid by my funding source. Written verification from the funding source must be on file in the administrative office prior to confirmation of my child's enrollment.

My funding source is _____ Contact person _____ Phone number _____

I agree to the 2020 payment of fees.

 Signature: _____
(Account Holder) _____ Date _____


Summer 2020 Payment Schedule

Enrolled Program Date	Payment Due Date	Deposit	Balance	Enrolled Program Date	Payment Due Date	Deposit	Balance
June 15-19	June 8	<input type="checkbox"/>	<input type="checkbox"/>	July 20-24	July 13	<input type="checkbox"/>	<input type="checkbox"/>
June 22-26	June 15	<input type="checkbox"/>	<input type="checkbox"/>	July 27-31	July 20	<input type="checkbox"/>	<input type="checkbox"/>
June 29-July 2	June 22	<input type="checkbox"/>	<input type="checkbox"/>	August 3-7	July 27	<input type="checkbox"/>	<input type="checkbox"/>
July 6-10	June 29	<input type="checkbox"/>	<input type="checkbox"/>	August 10-14	August 3	<input type="checkbox"/>	<input type="checkbox"/>
July 13-17	July 6	<input type="checkbox"/>	<input type="checkbox"/>	August 17-21	August 10	<input type="checkbox"/>	<input type="checkbox"/>

Reminder, subtract all deposits paid in advance.

- Weekly Deposits:
- \$25/week for day camp, one week Immersion Camps and Middle School U
 - \$50/trip for Wander Wisconsin
 - \$50 for two week Immersion Camps
 - If enrolled in Circus Two Week Experience and/or Theater Immersion Camp (2 week camps) remaining amount of fees for both weeks is due Monday (5 p.m.) five business days prior to the start of the first program week.

I agree to the 2020 summer payment schedule.

 Signature of Parent/Guardian: _____
(Account Holder) _____ Date _____

*****Dane Only - Fridays, August 14 & 21, there will be no after camp activities. All campers are to be picked up by 4 p.m.**

Account Access Password - Required

The security of your enrollment information is important and we've taken steps to help keep it secure. When enrolling your child, you are required to create a unique password and answer at least one security question listed below. This verification is REQUIRED whenever you or someone you authorize calls or emails us regarding your information (i.e. balance due, pick-up persons) and whenever account holders submit written requests and information updates so that we can protect your privacy and only give the information out to you or the person you designate. We can ONLY provide enrollment information when the correct PASSWORD and/or SECURITY ANSWER are provided by an authorized user. *You may choose to keep your same password from previous Wisconsin Youth Company programs; however, you must confirm the password below.*

Please give us a password and the answer to at least one of the security questions listed below.

Account Access Password _____ (Maximum: 6 characters)

Security Questions (Please answer at least one of the following.):

1. What street did you live on during high school? _____
2. Who was your childhood hero? _____
3. What is your Grandmother's maiden name? _____

Account Access - Optional

In order to protect your privacy, we are unable to provide information to anyone other than an account holder or authorized user. Account holders are liable for the account, are able to request information and are able to make changes to the account. Authorized users are individuals authorized by the account holder to access information only. **As the account holder, you may authorize other individuals (e.g. a spouse and/or other parent) by listing their name(s) below.**

I authorize the following person(s) to be an **authorized user**, allowing him/her to access information on the account:

I authorize the following person(s) to become an **account holder**, allowing him/her to make changes to account information:

Authorized Account Holder's Name and Signature - Required

Primary Account Holder Name: _____  Signature: _____
Print Name (Primary Account Holder) Date

Optional Additional Account Holder Name: _____  Signature: _____
Print Name (Additional Account Holder) Date

Part IV **WYC Summer 2020: Swim & Aquatic Activity Permission Form**



Please read this permission form completely and indicate the appropriate swim level for your child. You are encouraged to complete this form even if the program(s) you selected does not include swimming or aquatic activities. This ensures we have the information in the event you add a program for which swimming or aquatic activity permission is necessary. Reference the program handbook for additional information.

Child's Name _____ Age _____
(Please print) (as of 6/1/20)

Day Camp

Campers will participate in swimming activities at a designated off-site swimming pool or beach at least once during the camp week, weather permitting. Campers will be assigned to a group of no more than eight campers per staff based on their designated swim level. Campers will be provided a colored wristband indicating their swim level. Please note: immersion camps do not include swimming or aquatic activities.

Wander Wisconsin & Middle School U

Some programs include swimming in natural bodies of water or in swimming pools. Other aquatic activities include canoeing, kayaking, standup paddle boarding and water park attractions. A swim level of 'yellow' or higher is required to participate. Specific activities are outlined in the program descriptions.

I Understand:

1. There is risk in having my child participate in swimming and other aquatic activities, and I agree to absolve Wisconsin Youth Company (WYC) of any liability as a result of my child's participation in swimming or aquatic activities.
2. WYC adheres to state licensing regulations, American Camp Association accreditation standards (for applicable programs) and program policies regarding supervision of children while swimming.
3. Swimming will only take place at beaches and swimming pools where there is a certified lifeguard on duty.
4. Swimmers will be supervised by camp staff at a ratio of one adult staff member for every eight swimmers.
5. Swim levels, as defined below, will be used to divide swim groups during swim activities.
6. Aquatic environments may vary and the swim levels, as defined below, will be translated accordingly.
7. Aquatic or WYC staff members reserve the right to decrease participant swimming levels for any reason. Some aquatic facilities will require an additional swim test for deep water swimming.
8. I may update my child's swim level in writing either at my child's program location or by sending an email to the WYC office.
9. My child will receive a program shirt and will be required to wear the program shirt for all program swimming activities at public facilities. The program shirt will help WYC staff and lifeguards supervise my child and has the added benefit of providing sun protection. My child will not be allowed to swim without a program shirt. (Not applicable to Middle School U.)

Please select one of the swim levels below:

Please note that flotation devices such as water wings or lifejackets are not permitted for use in day camp program. (Lifejackets are provided for Wander Wisconsin and Middle School U boating programs.)

- White Level – Non-Swimmer:** My child is not allowed to go in the water, but may play in a designated area away from the water.
- Red Level – Beginner Swimmer:** My child has little or no swimming experience. My child can enter and exit the water unassisted and put his/her face into water. My child must stay in water no deeper than waist level at pool or beach.
- Yellow Level – Intermediate Swimmer:** My child has intermediate swimming skills. My child can tread water for at least 20 seconds; swim with arm action and some side breathing; and has been introduced to deep water. My child may swim anywhere within the designated swim area of the swimming pool with water levels up to six feet. My child may participate in canoe, kayak and stand up paddleboard activities, if applicable. In a beach setting at day camp my child will be expected to remain in water no deeper than chest level. My child may use water slides dropping into water up to six feet deep.
- Green Level – Advanced Swimmer:** My child has advanced swimming skills. My child can tread water for at least one minute; swim for an extended period of time with arm action and side breathing; and is comfortable in deep water. My child may swim in water deeper than six feet. In a beach setting at day camp my child will be expected to remain in water no deeper than chest level. My child may participate in canoe, kayak and stand up paddleboard activities, if applicable. My child may use water slides dropping into water up to six feet deep.
- Double Green Level – Advanced Swimmer with Diving Board & Deep Water Slides Permission:** My child has advanced swimming skills, as listed for 'Green Level.' If available, my child may jump off low diving boards (feet first only and no flips). My child may also use water slides dropping into water deeper than six feet.

Do you have any concerns about your child participating in water activities? YES NO
If answered yes, please provide comments:

I have reviewed the swim & aquatic activity permission form and I give permission for my child to participate in swim and aquatic activities as indicated above.

Parent/Guardian - Please Print Name _____  Signature of Parent/Guardian _____ Date _____