

Shannondale-Mahogany Swim Club
Swim Test -- 2018

(date)

childs age

I, _____, give my permission for my
child, _____ to take the swimming
proficiency test at Shannondale-Mahogany Swim Club. I attest that my child is between
the ages of nine (9) and twelve (12) AND has completed the 3rd grade. I understand
that by passing this test, my child may come to the pool without my direct supervision.
I also understand that these privileges may be revoked at any point in time, due to
inappropriate behavior by my child at the pool, and I will be notified if such conditions
occur.

(child signature)

(parent signature)

(life guard giving test)

Passed

Not Passed