

Shannondale-Mahogany Swim Club

Swim Test – 2018

(date)

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 9 and 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.

Parent Signature

Child Signature

Lifeguard Signature