

Camp Summerset Deep Water Permission Slip, Test Results and Liability Release Form

Child's Name _____ Phone _____

Address _____
Street City State Zip

Mother's Daytime Phone #s: _____

Father's Daytime Phone #s: _____

Emergency Contact: _____ H: _____ C: _____
Name Relation

Is this the first time your camper has taken Somerset Pool's Deep Water Test? Yes _____ No _____

(First time deep water test takers will be in ratio of 1:1 with pool lifeguard. Other campers will be tested in groups with a ratio of 1 lifeguard up to 4 test takers).

Date of Previous Deep Water Test: _____ Results: Pass _____ Fail _____

Due to the strenuous nature of some activities, Camp Summerset encourages each participant to consult his/her physician concerning fitness to participate in the program. My child has my permission to travel to Camp Summerset activities that are held off the Somerset ES property such as the Town of Somerset's Pool. I agree to sign this liability release form in order for my child to participate in pool use and complete the deep water test at the Town of Somerset's Pool prior to camper's pool use and participation.

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____

Please read the permission slip, complete and return by May 30, 2013 to: Camp Summerset
c/o Somerset ES

5811 Warwick Place
Chevy Chase, MD 20815

We must receive your child's permission slip in order for your child to participate in OFF-CAMPUS ACTIVITIES such as swimming at the Somerset Pool and Camp Summerset CityVentures.

Pool Personnel will complete the following:

Date of Today's Deep Water Test: _____ Results: Pass _____ Fail _____

Name of Administering Lifeguard: _____

Arm Band Issued to Camper: Yes _____ No _____