

Permission Slip 2019 Swim Program

I hereby give permission for my child/children to take part in the
Orford and Piermont Swim Program at the Orford Town Beach at Indian Pond:

Please circle which section you prefer or both

Session 1: Weekdays July 15th to July 28th

OR

Session 2: Weekdays July 29th August 9th

Child's Name	Age	Allergies	Swim Level Last Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give permission for emergency treatment and first aid to be administered to my child/children by qualified personnel and in the event of its necessity, transportation to a hospital for further treatment.

I will not hold the town of Orford or Piermont, the Swim Committee, or the instructor and aides liable for damages or expenses resulting from participation in this program.

I and my child/children have received, read, understand, and will abide by the swim program guidelines.

Parent or Legal Guardian Signature _____

Parent or Legal Guardian (print name) _____

Mailing Address _____

Town _____ State _____ Zip Code _____

Home Phone _____ Emergency Phone _____

Non Piermont or Orford resident fee:
\$50 first child _____
\$25 each additional child from same family

Please return to:
Kate Lester
211 Rt 25C, Piermont NH 03779