# SWIMMING AND POOL ACTIVITY AUTHORIZATION FORM

Camper Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Emergency Contact: _____

Emergency Phone Number: _____

## Swimming and Pool Activity Authorization

I, the undersigned parent/guardian, hereby grant permission for my child to participate in all swimming and pool-related activities offered by EZPZ Experience Summer Camp during the Summer 2026 camp season.

I understand that swimming activities may take place at various public swimming facilities utilized by the camp and that certified lifeguards employed by the pool facility will be on duty during all swimming activities. I further understand that camp staff will provide supervision and conduct attendance checks before, during, and after all pool activities.

I acknowledge that swimming and water activities involve inherent risks, including but not limited to slips, falls, accidental injury, and other risks associated with recreational water activities.

I certify that my child is physically able to participate in swimming and pool activities unless otherwise indicated below.

## Medical Information

Does your child have any medical condition that may affect participation in swimming activities?

☐ No

☐ Yes (Please explain)

_____

_____

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***Does your child have any of the following?***

☐ Asthma

☐ Seizure Disorder

☐ Heart Condition

☐ Severe Allergies

☐ Other: _____

## *Swimming Ability*

My child's swimming ability is:

☐ Non-Swimmer

☐ Beginner

☐ Intermediate

☐ Advanced Swimmer

## Emergency Medical Authorization

In the event of an emergency, I authorize EZPZ Experience Summer Camp and its staff to obtain emergency medical treatment for my child if I cannot be reached immediately.

## Parent/Guardian Consent

I have read and understand this authorization form and grant permission for my child to participate in all swimming and pool activities conducted by EZPZ Experience Summer Camp during the Summer 2026 season.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Camp Staff Initials: _____