



Dear Parent(s)/Guardians(s):

Routes will be going to the **Dundas Community Pool at 39 Market St South** several times this summer for Open Swim! We are excited for your child/youth to join us. Pool visits are supervised by a community pool lifeguard, and all youth will be asked to take a Facility Swim Test. If youth are not able to pass the test, they will be **required** to stay in the shallow end of the pool at all times. Please bring a bathing suit and towel to all community pool visits.

\*\*\*\*\*CUT HERE\*\*\*\*\*

☐ I grant permission for my youth to attend Open Swim at the Dundas Community Pool with Routes Youth Centre this summer.

### PERMISSION & CONTACT INFORMATION

I understand that Routes Youth Centre and/or the Dundas Youth Chaplaincy are not liable for any incident(s) that may occur during this trip. I, along with my youth, have read and agree to the following Trip Agreement:

- I agree to listen to all safety instructions given by staff, volunteers, and facilitators.
- I agree to demonstrate respect and responsibility to everyone and everything.
- I recognize that trips may be postponed or cancelled (weather, etc.), and in the event trips are cancelled refunds will be given and alternate programming will run.
- I recognize that youth are able to attend Routes trips at the discretion of staff.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(or youth if 16 or older)

Name of Youth \_\_\_\_\_ Pronouns \_\_\_\_\_  
Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_

Allergies/Medical Issues: \_\_\_\_\_

Will youth take any medication at Routes (e.g. inhaler)? Y / N If you circled yes, please provide any details we might need to know (e.g. will youth carry it, does it require refrigeration, etc.):

\_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Relation to youth \_\_\_\_\_

Main phone # \_\_\_\_\_ Text capable: Y / N (circle one)

Other phone # (if applicable) \_\_\_\_\_

### Alternate Emergency Contact

Name \_\_\_\_\_ Relation to youth \_\_\_\_\_

Main phone # \_\_\_\_\_ Text capable: Y / N (circle one)

Other phone # (if applicable) \_\_\_\_\_

**Any other important information we should know:**

\_\_\_\_\_  
\_\_\_\_\_