



Dear Parent(s)/Guardians(s):

We are going to the **Dundas Community Pool around the corner at 39 Market St South!** We are excited for your child/youth to join us. Pool visits are supervised by a community pool lifeguard. All youth will be asked to take a Facility Swim Test administered by the community pool lifeguards. 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 and \$2 for the recreation fee.

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

☐ I have brought \$2.00 for the community pool fee.

☐ I have e-transferred Routes Youth Centre (donate@routesyouthcentre.ca) \$2.00 for the community pool fee.

### 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.

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:**

\_\_\_\_\_