TOWN of ELLENBURG LEARN to SWIM PROGRAM MEDICAL WAIVER

I _____ (parent/legal guardian)

Understand that anyone associated with the Learn to Swim Program and/or the NACS District is not responsible for accidents incurred as a result of participation in the LTS program.

_____ (name of participant)

is/are in good health and able to participate in physical activity. In the event of injury or illness, the staff has my permission to provide medical care.

Signature of Parent or Legal Guardian

_____ Date _____

Emergency Information:

Your Contact Phone Number: _____