

**Staten Island Academy Summer Day Camp**  
**Swim Permissions Slip**  
**Parental Authorization for Participation**

**TO: All Summer Campers**

**Duration: Summer Camp June 15-August 14, 2020**

Please sign and return the bottom portion of this slip along with a daytime phone number, and an additional phone number (e.g. a cell phone) and return it the Summer Programs Office.

☐----- (Cut/Tear off) -----

**STATEN ISLAND ACADEMY SUMMER DAY CAMP SWIM PERMISSION SLIP**

**My child, \_\_\_\_\_ has my/our permission to swim on-campus.** Swimming is a privilege and campers may be excluded for various reasons including, but not limited to, failure to follow the swimming pool or off-campus rules or guidelines, failure to follow adult instructions, or bad behavior. [See swim rules safety attached hereto.] I understand that during this event or during related activities, my child may be photographed. In addition, I realize and specifically acknowledge that there always exists the possibility of an unforeseen accident causing harm to my/our minor child. Nevertheless, I grant permission for my minor child to participate in the above described activities.

I, the undersigned, acknowledge and agree that swimming can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that such risks include, but are not limited to: death, serious neck and spinal injuries that may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other skeletal components, and serious injury or impairment to other aspects of the body, general health, and well-being.

I understand and agree that because of the dangers involved in swimming it is important to follow the guidelines set by the lifeguards and adult instructions regarding the pool. I have read and understand the above physical and emotional injury risk warning and agree to assume any and all risks of physical and/or emotional injury and any results from such injuries to my child/ward.

This authorization will remain in effect while the above minor is involved in participation in any Staten Island Academy Summer Day Camp program or activity unless revoked in writing by the under-signed and delivered to the aforesaid agent. I understand that neither Staten Island Academy Summer Day Camp nor its employees are liable for any injury sustained by my child while he/she is not on Staten Island Academy Summer Day Camp's property. I agree to release and hold harmless Staten Island Academy Summer Day Camp and its agents from any and against any and all liability, loss, damages, claims, or actions for bodily injury, and/or property damage, in accordance with current state and federal law, arising out of participation in Staten Island Academy Summer Day Camp athletic activities. The terms thereof shall serve as a release and assumption of risks for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I, do hereby authorize the adult leaders, teachers, administrators, or other proper agents of the Staten Island Academy Summer Day Camp to act as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor child which is deemed advisable and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medicine-Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, school, or elsewhere. I agree to the cost of such treatment.

\_\_\_\_\_  
Print Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Additional Phone Number

Child's Date of Birth \_\_\_\_\_

Allergies/medical/physical condition \_\_\_\_\_

# Staten Island Academy Summer Day Camp

## SWIM RULES SAFETY

Swimmers will receive instruction and be supervised at the pool.

Essential precautions:

- Wear sunscreen.
- No running, rough-housing/horseplay.
- No food or drink in pool or surrounding area.
- Label swimsuit, sunscreen and towels.
- All campers must pass a swim test before entering the pool.
- Campers must always wear shoes while walking to and from the pool. Open toed shoes are acceptable while walking to and from the pool only!
  - Campers may not hang, hold or splash each other.
  - No diving, running or jumping.
- Campers must ask to leave and use the restroom and must have a buddy.
- Campers that are not swimming must be seated at the tables at all times.
- Do not get in the pool if you have open wounds, or if you're bleeding.
- Please send a bottle of sun block (Preferably a spray on) for your child to use at camp with their name on it.