



YMCA OF GREATER ROCHESTER SUMMER CAMP DIVERSE ABILITY SWIM PERMISSION SLIP

During the registration process for summer camp my child was identified as having a Diverse Ability. In compliance with NY Department of Health Regulations, my permission must be granted for my child to participate in swim programs during summer camp. I hereby give my son/daughter _____ (name), age _____ permission to swim at the YMCA of Greater Rochester as part of the Summer YMCA Camp summer 2024

If there are any questions regarding swimming, please contact the camp team at (585)383-4590.

Thanks!

YMCA Camp Management Team

Parent/Guardian's Name: (Print) _____ Camper's Name: (Print) _____

Parent/Guardian signature, thereby consenting to the above:

(Parent/Guardian's Signature)

(Date)

This form may be returned electronically to SPED_ESY@pittsford.monroe.edu