



Thomaston Recreation Commission
c/o Town Hall 158 Main St. Thomaston, CT 06787 (860) 283-6927

CHILD SWIMMING WAIVER FORM

NAME OF CHILD _____

NAME OF PARENT(S) _____

ADDRESS _____

PHONE _____

GRADE _____ AGE _____ GENDER: Male__ Female__

MEDICAL INSURANCE AND NO. _____

ANY MEDICAL PROBLEMS? _____

I hereby give permission for _____
To participate in the above activity and agree that he/she will abide by all the rules and regulations of the facility/area and /or the Thomaston Recreation Commission, it's designated officers and agents.

In case of accident or illness, please contact _____
_____ at (phone) _____

My family physician is _____

In the event of an accident or injury, I hereby waive liability, as parents and guardian of the above child, for the Town of Thomaston, the Recreation Commission and their agents or employees, and will hold harmless. I understand that there is no medical insurance being provided by the Town of Thomaston or the Thomaston Recreation Commission.

DATED _____ SIGNATURE _____

Is child afraid of the water? _____ Will child put face in water? _____

Will child blow bubbles? _____

Has your child had lessons before? _____ (if yes, for how many years) _____