

**ACAC SUMMER SWIM TEAM PERMISSION FOR TRANSPORT - FROM
ACAC AFTERSCHOOL, ACAC SUMMERCAMP, OR ACAC PRESCHOOL.
PLEASE READ COMPLETELY!**

This form needs to be completed only if your swimmer needs transportation to and from swim practices and game days. Note transportation will not be available to swim meets and to other activities. **If this form is not completed your swimmer(s) will not be allowed to go to swim team practice.**

June 10 - July 25

Morning swim practices: Transport begins at 9:00am for 9:15am practices and will continue throughout the morning for scheduled practice times. If your swimmer swims before 9:00 am please bring them straight to the pool. We will transport those swimmers who need to get back to Adventure Central.

Please note: Coaches will ask if your swimmer would like to go to practice. If your swimmer declines and the coach asks again and the swimmer still declines, they will not transport them.

Swimmer's Full Name:	Age:	Grade:
Parent's Full Name:		
Emergency Contact Number	Email:	

I give permission for my child _____ to participate in the **acac** Summer Swim Team Program, I consent to the following: For my child to be transferred from the acac licensed program that they are enrolled in - **please circle all that apply** (**acac** Summer Camp, **acac** Preschool, or **acac** Afterschool) to **acac** Summer Swim Team Program (which is not a licensed program) by a member of the staff. I understand that the swim team is a non-licensed program, and will be conducted according to the swim team consent and agreement procedures.

Parent/Guardian Signature: _____
 Print name: _____ Date: _____