



Solo 11-13 Authorization Form

Children 11 - 13 are allowed to swim without parental supervision at Triangle Pool. This form must be accompanied by a **SIGNED** Medical Release form. Parental and pool management approval is required.

Children 10 years and younger must be accompanied by an adult regardless of ability. Families requiring special exceptions to these rules must obtain approval from pool management (email manager@trianglepool.org)

All Guest Swimmers must be accompanied by an adult member.

Children swimming without adult supervision must pass the Swim Test as follows:

- Swim 25 yards with recognizable stroke
- Tread water for one minute

PLEASE PRINT CLEARLY

Parent Name: _____

Parent Daytime **Reachable** Phone Number: _____

Children Authorized to Swim Without Adult Supervision:

Child's Name : _____ Age & Date of Birth: _____

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I authorize my child to swim without adult supervision. I am aware of the risks associated with children swimming without adult supervision and I fully accept responsibility for the safety of my child(ren). I have reviewed the pool rules with my child(ren) and expect that my child(ren) will **fully comply with all rules and respect the lifeguards on duty**, and understand that children who fail to do so will have their solo privileges revoked for the year. I have completed and signed the Medical Release form authorizing medical treatment of my child in my absence (form on back).

Parent Signature _____ Date _____



Medical Release

This form must be completed by a parent or legal guardian of any child attending Triangle Pool.

I, _____
(Parent or Legal Guardian Name – PLEASE PRINT)

authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for the following child(ren):

Child Name: _____
Birth date: _____
Allergies: _____
Chronic Illness: _____
Medications: _____

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As the parent/legal guardian of the child(ren) named above, I hereby give consent for emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child.

Signature Date



Emergency Contact Numbers

_____ Name	_____ Home	_____ Work	_____ Cell
_____ Name	_____ Home	_____ Work	_____ Cell