



Drop Off Permission Form

My child, _____ is between the age of 12 and 16. He/she has my permission to swim at the Glenpool Club without my presence. I have read and explained the pool rules to him/her. Please contact the following numbers in case of an emergency:

Phone

Name of Contact

Child's Physician & Phone number

Parent's signature

Date

I, _____ have read the pool rules with my parent and understand them fully. I also understand that failure to adhere to the rules could result in the withdrawal of my drop-off privileges.

Child's signature

Date