

Dear Mrs. Parkin,

I hereby permit my daughter/son \_\_\_\_\_ to participate in the Saint Joseph High School Camp Little Jesters wading pool.

I agree to direct my child to cooperate and conform with directions and rules of the supervisory personnel in charge of the wading pool. I have read the pool rules with my child/children and we agree to follow the rules below:

1. No pushing or shoving.
2. No diving or jumping
3. Use the restroom before entering the pool.
4. No dunking people underwater.
5. No piggy back rides
6. The pool is for cooling off only.
7. No foul play, etc.
8. After the first warning, you will be asked to dry off and not return to the pool for the day.

Should it be necessary for my child to have medical treatment while participating in this wading pool, I hereby give school personnel permission to use their judgment in obtaining medical service for my child/children. I also give permission to the physician selected by the Summer Day Camp Personnel to render medical treatment deemed necessary and appropriate by the physician.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Phone Numbers (home & cell)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (work)

\_\_\_\_\_  
Date