



**DPR Private Swim Lesson Waiver Form**

**Parental Permission:** For \_\_\_\_\_ (participant’s name).

Parent/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby give the District of Columbia permission for my child to participate in the Private Swim Lesson Program. The signature below certifies that all information contained in my child's registration is correct and true. My signature also affirms my understanding that my child's participation in DPR programs and activities may present some risk or injury. DC Parks and Recreation assumes no liability for injuries or damages that result from my child's participation in these programs or activities.

**Medical Release:** I authorize the DPR staff to act on my behalf if medical treatment for my child is necessary. In the event of illness or injury to my child, I authorize the District of Columbia to obtain medical treatment for my child and authorize medical services to be provided under the medical insurance identified below, or if none, at the expense of the Responsible Party identified below.

**Medical Information:** Medical insurance that provides health care coverage for my child is listed below. The following is a list of all medical problems, allergies, medications being taken and restrictions due to my child’s health conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child may not take the following medications:

\_\_\_\_\_

Emergency Contact:

Name of contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Guardian