**3-4-5 Lewis & Clark Field Study, 2015**

**Swimming Permission Form**

Please complete and return by **April 24th** at the latest

I (*parent/guardian name*), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to allow my child (*child’s name*), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to swim in the Warrenton/Astoria KOA swimming pool on Thursday, May 14, 2015. I understand there will be a certified lifeguard on duty the entire time my child is in or near the pool.

OR...

My child (*child’s name*), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will not be swimming.

If you have questions or concerns please contact Rebecca Hicks, Field Study coordinator, at 503.781.1435 or rebgak@hotmail.com.

Signed on (*date*):

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

Signature (*parent/guardian*):

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