



1st HARTFORD SCOUT GROUP Swimming Consent Form



EVENT: _____ DATE OF EVENT: _____

PARENTAL CONSENT FORM FOR SWIMMING

Group Name: _____

Group Leader: _____

PARENT OR GUARDIAN'S CONSENT

I have noted the arrangements and give permission for: _____
Name of child to take part in the above event

: to take part in fully supervised Swimming activities that the Scout group organise.

I confirm that he / she, can / cannot swim 50 metres and tread water.

Tick as required

I confirm that he / she, may / may not bathe under careful supervision.

Tick as required

Note: buoyancy aids will be provided at the activity, as required.

Please indicate if your child has a disability or condition, which may be affected by this activity: **Yes/No**
Delete
As Required

Details:

Parent/Guardian's

Name: _____

Signature: _____ Date: _____