

Addison All Star Summer Recreational Swim

1. **Participant/s name?** _____
2. **Do you want your child to participate in open swim at Seafari Springs and/or Paradise Bay?**
(circle one) Yes No

If you agree, your child will be swim tested prior to use of aquatic facility? If not, the child will be given a red wristband and will only be permitted to swim in shallow waters below their shoulders. (circle one) Yes No

3. **Please list any additional comments/concerns:**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____