REQUIRED – Must return with signature

Thales Foundation

KANGOUROU SUMMER CAMP
29 JULY – 3 AUGUST 2019
RODON HOTEL, AGROS
SWIMMING PERMISSION SLIP

Dear Parents,

In order for your child to participate in organized swimming and pool activities at Kangourou Summer Camp 29/7-3/8 2019, at the RODON Hotel, Agros, we must have your permission. Please complete this form and send it back to support@thalescyprus.com **.**

☐ I **give** permission for my child to participate in organized swimming and pool activities while attending Kangourou Summer Camp from July 29/7-3/8, 2019. These activities will be designated in the programme on specific times **only**.

☐ I **do not** give permission for my child to participate in organized swimming and pool activities while attending Kangourou Summer Camp from July 29/7-3/8, 2019. These activities will be designated in the programme on specific times **only**.

It is the understanding that the student follows the programme and will not attempt to use the swimming pool without the permission of the organizers.

Student's Name & Surname: _____

Parent's Name & Surname: _____

Parent's Signature: _____ Date: ____/_____/2019

My child, _*(name/surname)*_____ swimming ability is designated as: (check one)

☐ Beginner ☐ Advance

☐ Advance Beginner ☐ Swim Team

☐ Intermediate ☐ Lifeguard