



SAXON WOODS POOL



PERMISSION SLIP

I _____ give my child _____
(parent/guardian name) (child's name)

permission to swim at Saxon Woods Pool, White Plains NY for the duration of Summer Day Camp July 3, 2023 – August 11, 2023.

In case of an emergency please contact (name) _____

Emergency phone numbers (home) _____ (work) _____

Special Concerns _____

I agree that the Village of Port Chester Recreation Department, the Village itself, Westchester County PRC and each of it's officers, members, employees, and agents blameless for injury sustained by my child, however caused, in the course Port Chester Day Camp as described above, and I agree that neither I nor anyone on my behalf shall prosecute any claim or course of action against the Village of Port Chester, the Recreation Department or any of it's officers, members, employees or agents because of any such injury, however caused. I understand that the Village of Port Chester does not carry accident insurance.

I have informed the Port Chester Recreation Department of any physical restrictions or limitations my child may have. In the event of an accident or illness. I give permission for my child to receive medical treatment.

Parent/Guardian _____ Date _____

******NO CHILD WILL BE PERMITTED TO ATTEND TRIP TO SAXON WOODS POOL WITHOUT THIS PERMISSION SLIP. CHILDREN WITHOUT PERMISSION SLIPS WILL HAVE PARENTS CALLED TO HAVE THEM PICKED UP FROM CAMP BEFORE BUSES DEPART FOR SAXON WOODS *****