

IF YOUR CAMPER IS ATTENDING WEEK #2 AND/OR WEEK #5 YOU MUST COMPLETE THE OP SPLASH PAD WAIVER AND TURN IT IN DURING TIME OF REGISTRATION. IF THIS IS NOT COMPLETED YOUR CHILD WILL NOT BE ABLE TO USE THE SPLASH PAD ON THE FIELD TRIP.

Quaker Splash Permission Slip

Orchard Park Recreation Department

Parents Last Name: _____

Parents First Name: _____

Parents Phone Number: _____

Parents DOB: ____/____/____

Address: _____.

- _____.

I understand the rules of Quaker Splash, understand the risks associated with these aquatics facilities and I choose to give permission for the following individuals to use Quaker Splash upon passing the swim test. I am over 18 years of age and choose to assume liability for the individuals listed.

Signature: _____

Date: _____

Individual's Names

(Please print first and last names)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____