

# Parental/Guardian Permission Slip

for participation in the

**S.W.I.S.S. Exercise-A-Thon by the Charlevoix Area Community Pool**

**FOR ANY CHILD PARTICIPATING AGE 17 AND UNDER**

Participant Name \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_

By signing below, I agree to let (name) \_\_\_\_\_ participate in the Charlevoix Area Community Pool's Exercise-A-Thon program from Feb 1 to Feb 28, 2021. I will supervise all exercise recorded as I deem fit for my child's age and ability. I will make sure that the sponsor donations are collected in a timely manner and returned to the pool by March 15 along with the filled in Sponsor Log that includes sponsor addresses. I understand that all sponsors will receive a donation thank you letter that the sponsor may use for tax purposes. (The pool can accept checks made out to Charlevoix Area Community Pool or payment by Credit Card – Donors can use the online donation tool at [www.charlevoixpool.org](http://www.charlevoixpool.org) or call the pool at 231-547-0982 to process their credit card payment).

Parent/Guardian Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Send scan this form and send via email to: Janet Chambers, Manager of Marketing and Development [janet@charlevoixpool.org](mailto:janet@charlevoixpool.org), OR mail form to:

Charlevoix Area Community Pool, 11905 U.S. 31 North, Charlevoix, MI 49720

For questions, call Kathy or Chelsea at 231-547-0982.