



FAMILY SERVICE &
GUIDANCE CENTER

Swimming Pool Rules and Consent Form

This form is required for children to use a swimming pool without their parent / legal guardian present.

Life Guard must be on duty.

No personal items allowed in the pool including floatation devices such as noodles

Goggles and ear plugs for children with eye or ear sensitivities are acceptable.

Pool dress code will be followed: Swimming suits must be worn. No jeans or cutoffs.

FSGC staff will accompany children in the pool. The staff to child ratio will not exceed 4:1.

Approved Pool Locations for FSGC Clients:

- ❖ Topeka Y's
- ❖ Blaisdell Family Aquatic at Gage Park
- ❖ Garfield
- ❖ Hillcrest
- ❖ Shawnee North Family Aquatic Co.
- ❖ Rossville Community Swimming

Sunscreen - When swimming in an outdoor pool a sunscreen of SPF 30 or higher will be applied 15-30 minutes before sun exposure and reapplied every two hours. FSGC staff will assist with application if the child cannot manage it on their own. Sunscreens may cause an irritation requiring FSGC staff to monitor for a rash. If a rash presents, FSGC recommends the client be evaluated by a medical provider and then re-consider if that client can continue swimming.

_____	_____	_____
Client Name (Please Print)	Date of Birth	Account #

FSGC staff has my permission to apply sunscreen:

Parent / Legal Guardian Signature _____

Hold Harmless Agreement

I understand that participation in swimming involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to swim as part of activities related to the care and treatment of my child provided through Family Service & Guidance Center. I understand that swimming is entirely voluntary and requires my child to abide by applicable rules and standards of conduct. I release Family Service and Guidance Center, employees, and volunteers from any and all claims or liability arising out of my child swimming as part of activities sponsored by Family Service and Guidance Center.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to Family Service and Guidance Center to secure proper medical treatment for my child. I have discussed any allergies and medical issues with Family Service and Guidance Center staff.

My signature below indicates that the child listed above has my consent to participate in swimming pool activities and is able to swim without assistance.

Parent / Legal Guardian Signature _____
Date