



Blackstone Valley
Children's Place
Early Learning Centers

SWIMMING CONSENT FORM

I, _____ parent/guardian

hereby authorize my child, _____

to leave their classroom to attend swimming at the Whitin Community Center's Original or Competition Pool. I authorize the BVCP Staff to release my child to the WCC Staff conducting the activity listed above. If your child is injured while attending this activity, the BVCP program is not responsible.

Parent/Guardian Signature _____ Date _____

Questions, please contact us at:

508.234.8184 ext.105 or 104