



* Please return to the Oak View Center *

Child's information

Name _____

Birthday _____ Age _____ Gender _____

Parent(s)/Guardian Name _____

Phone Number _____

In case of emergency contact _____

Phone _____ Relationship to Child _____

Please indicate YES or NO with your initials the swim areas you feel comfortable having your child swim in. The Oak Lawn Park District Aquatic Staff has the right to change your child's swim form based on his/her ability demonstrated at the pool. Please indicate NO to the diving board if your child cannot swim in the deep end of the pool.

- _____ Yes _____ No baby pool
- _____ Yes _____ No 3 feet – "big pool"
- _____ Yes _____ No 4 feet – "big pool"
- _____ Yes _____ No 5 feet – "big pool"
- _____ Yes _____ No Diving Boards– "big pool"
- _____ Yes _____ No Slide– "big pool"

Does your child know how to swim? _____ Yes _____ No

Has your child taken formal swim lessons? _____ Yes _____ No

Please list any additional information that would be helpful to know about your child's swimming ability, swimming history and/or water experience in general.

Parent Signature _____



* Please read the attached pool rules with your child *