

Water Activity Authorization Form

Stepping Stones School Summer Program

Section to be filled out by Parent/ Guardian

Name of Child _____

My child has authorization to participate in water activities on the following dates. All water activities will take place at Stepping Stones School, 1 Partridge Lane, Derry, N.H.

Please initial the week(s) your child will be attending camp.

Week 1: 7/15 - 7/17 Christmas in July _____

Week 2: 7/29 - 7/31 Sloppity Slop & Muckity Muck _____

Week 3: 8/5 - 8/7 A Mouse, A Moose and a Pig _____

Week 4: 8/19 - 8/21 Knee Deep In Nature _____

Please describe your child's swimming ability and whether or not your child is afraid of swimming or being near the water.

Parent/ Guardian Signature _____

Date: _____