

**Orange County Schools Permission Form:  
Dr. Charles van der Horst Water Safety Initiative (Swimming/Water Safety Program)**

*This form must be signed and returned to the teacher  
for your child to participate in the swimming program.*

(Student's name) \_\_\_\_\_

has my permission to participate in the Dr. Charles van der Horst Water Safety Initiative (Swimming/Water Safety Skills Program) at the Orange County Sportsplex. I understand this field trip will be Monday through Thursday for 2 weeks at the Orange County Sportsplex located at 101 Meadowlands Drive, Hillsborough and that each lesson will be 50 minutes. I also understand that students will be away from school for about 90 minutes; that the students will travel by bus, accompanied by Orange County Schools teachers/chaperones; that this program is part of the district's health and physical education instruction; and that there is no cost to a student's family.

\_\_\_ I have read the attached information sheet about the Swimming/Water Safety Program.

If an accident or medical emergency occurs, I authorize the supervising teachers to seek medical care, and I will assume responsibility for all expenses.

Parent/Guardian name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If parent cannot be located in the event of an emergency, contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Circle (only) one of the statements that describes your child's swim comfort:

- Is afraid or uncomfortable in the water
- Doesn't like to put face in the water
- Is not swimming but enjoys going underwater
- Can float and hold breath
- Can swim at least three yards
- Can swim at least 12 yard taking a breath when needed
- Can tread water and swim in deep water
- Advanced swimmer or swim team member

My Child needs to borrow a swimming suit: Yes or No

\*If Yes circle the size needed\*

BOYS: Youth S M L    Adult S M L XL

GIRLS: Youth S M L    Adult S M L XL

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

\_\_\_\_\_  
Date

**NOTE: There is a photo waiver on the back of this form that must also be signed if you do NOT want any photos of your child released to be used in school or outside media.**

### Photo Opt Out Form

The Orange County School System seeks to promote the positive classroom experiences of students. To do so, schools or the district public information officer will frequently contact area news media to report on activities in our schools. In addition, the media may contact the school district for permission to photograph or video classroom or school activities. Media representatives or any other affiliates may not photograph students without principal approval. The district also publishes student accomplishments on school or district websites.

To opt OUT of giving the district permission to release photographs/videos or other likenesses of your child to media representatives, please sign and return the permission slip below.

I do NOT give my permission for photographs/videos or other likenesses of my child to be released to the media (newspaper/TV) or published on school or district web sites and affiliates publications.

Name of Parent/Guardian (please print): \_\_\_\_\_

Name of Student (please print): \_\_\_\_\_

Name of Student's Teacher: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_