



Evolution Program
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2017-2018 Consent/Permission

Student Name: \_\_\_\_\_

Section 1: - Consent to take part in fitness

I hereby give my permission for my son/daughter to participate in weekly health and fitness programs at the Borough's YMCA. You will be informed each week of the days and times that your son/daughter will be attending the YMCA as well the programs they can choose. You can withdraw your consent for your son/daughter to participate on any particular day by telephone, email or in writing.

I will not hold Assabet Valley Collaborative responsible for accident or injury to my son/daughter while participating in these programs given that AVC staff uses reasonable care and judgment.

Are there any physical restrictions that would limit your student's participation in fitness activities that we should be aware of?

Three horizontal lines for writing physical restrictions.

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

Relationship: \_\_\_\_\_

Section 2: - Consent to take part in swimming

I give my consent for my child named above to participate in swimming.
I understand that school staff will be present in the pool and provide supervision on a 1-1 or 1-2 ratio.
There will be a lifeguard on duty at all times.

Signature \_\_\_\_\_ Date \_\_\_\_\_