

Parent Consent Form for Swimming Classes

Instructor Name: Butterfly Swimming Academy

Venue: Sujatha School Swimming Pool, Moinabad

Program Type: Summer Camp/ Regular Batch

From Date: _____

Student Information

Full Name of Student: _____

Date of Birth: _____

School/Grade (if applicable): _____

Parent/Guardian Information

Name of Parent/Guardian: _____

Relationship to Student: _____

Contact Number: _____

Email Address: _____

Medical and Emergency Details

Does your child have any known medical conditions or allergies?

☐ No ☐ Yes — If yes, please provide details:

Emergency Contact Name: _____

Emergency Contact Number: _____

Consent and Acknowledgment

I, the undersigned, am the parent/legal guardian of the above-named student. I hereby give my full consent for my child to participate in the swimming classes conducted by **Butterfly Swimming Academy at Sujatha School Swimming Pool.**

I acknowledge and agree that:

- My child is physically fit to participate in swimming activities.
- I understand that swimming is a physical activity with inherent risks, and I will not hold the academy, instructors, or Sujatha School responsible for any accidental injury or mishap.
- In case of an emergency, I authorize the academy staff to take appropriate medical action if I cannot be contacted.

Parent/Guardian Name: _____

Signature: _____

Date: _____