

# Lancaster City Special Olympics SWIMMING Permission Slip



September 11, 2020

Parents, Guardians, and Athletes:

**Athletes must be at least 8 years old, have an up-to-date Special Olympics physical, have attended ¾ of the scheduled practices, and have demonstrated good sportsmanship and behaviors to be considered for participation at the meet. If you are new to the program please ask me for a physical form. Your child must have a signed and completed physical prior to participation. PHYSICALS ARE DUE BY Sept. 25. Unless I have a current physical, athletes will not be allowed in the water. Athletes must follow the Lancaster Code of Conduct and COVID guidelines (signed form). Athletes must be able to independently swim a length of the pool to participate.**

## **PRACTICE SCHEDULE-Fox Family YMCA Pool**

### **Fridays**

|          |         |
|----------|---------|
| Sept. 18 | Oct.30  |
| Sept. 25 | Nov. 6  |
| Oct.2    | Nov. 13 |
| Oct.9    | Nov. 20 |
| Oct. 23  |         |

**\*Some dates are subject to change depending on Special Olympics Ohio guidelines. There is no practice on Oct. 16 and Nov. 27 because there is no school. Dates might change due to meets and availability of the pool. Parents and Guardians are responsible for transportation to and from practices and meets. You must stay at the practice location during the entire practice and stay with your child during the entire meet. Practices will run from 3:45-4:30PM. PLEASE BE ON TIME! RETURN PERMISSION SLIPS BEFORE FRIDAY Sept.18. We need a signed photo release every year; therefore, please get a photo release from me on the first day of practice. Please email me if you are going to swim this year so I can send you the COVID-19 guidelines.** If you have any questions call Jen Capretta 687-7344 or [j\\_capretta@lcsschools.net](mailto:j_capretta@lcsschools.net).

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\_\_\_\_\_ Yes, I want my child, \_\_\_\_\_, to participate in Special Olympics Swimming. I am responsible for transportation to practices and meets for my child.

\_\_\_\_\_ No, my child, \_\_\_\_\_, will not be participating.

Parent Signature: \_\_\_\_\_ Phone # \_\_\_\_\_

Date Signed: \_\_\_\_\_ Athlete's Teacher and School \_\_\_\_\_