 P 811Q

MARATHON SCHOOL

61-25 Marathon Parkway

 Little Neck, New York, 11362

718-224-8060 Fax 718-224-5914

[www.811Q.weebly.com](http://www.811Q.weebly.com)

Independence-Collaboration-Technology-Communication

 Penny C. Ryan

 **Principal Assistant Principals**

**Elementary Offsites:** PS 69, PS 147, P 822 Nicole Avila

**Intermediate Offsites:** PS/MS 147, IS 227 Diana Parisy

**High School Offsites:** Bayside HS, Francis Lewis HS, QHST Katis Romig

 Michel Rueda

Consent for Participation in Adaptive Swimming Program

**\*This form must be signed and stamped by a physician.**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my son/daughter to participate in the Adative Swimming Program.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by physician:

I certify that the above named student has been examined by me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and is able to participate in the Adaptive Swimming Program.

Doctor’s signature and stamp below: