**Check In/Check Out Waiver**

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Parent Name Printed Swimmer Name Printed Practice Group

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant my swimmer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , permission to check themselves in

and out of swim practice at the YMCA of Bucks County - Quakertown.

By signing this I acknowledge that I have read and understood the passage above for the 2019-2020 season.

Signature Date

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