



Bertha and Harl Speier Summer Program

Josh Sturm, Camp Director

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835 Forest Hill Road • Staten Island, New York 10314

Swimming Consent Form

Camp Information:

Name of Camp: **Young Israel of Staten Island Day Camp**

CAMIS #: **40491124**

Campsite Address: **835 Forest Hill Road, Staten Island 10314**

Borough: **Richmond**

I _____, as the parent or legal guardian of
(print parent's name)

_____, hereby give permission for him / her to participate in
(Print Child's name and age)

the swim program at the Young Israel of Staten Island Day Camp.

Swimming takes place at various times during the day, once in the morning, and once in the afternoon. The scheduled time is subject to change.

Signature _____
(Parent/guardian signature)

Date _____