



Amy Weinberg, *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

Address: **835 Forest Hill Road. Staten Island, NY 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 for some of the divisions. The scheduled time is subject to change.

Signature _____ Date _____