Goldsboro Parks & Recreation Pools 2022 Unaccompanied Child Parental Consent Form

This form provides your consent for your child or children between the ages of 12 and 16 to have unaccompanied access to Goldsboro Parks & Recreation Pool Facilities. For safety purposes, it is important that you and your children understand and accept the requirements below. Renewed consent is required each year and will be kept on file at the pool. Thank you for your cooperation.

Please submit this form to the Goldsboro Parks & Recreation Pool Manager. Questions about the form or this policy

may be directed to dlee@goldsboronc.gov.

l,			ted below, who are bet	
twelve and sixteen and have pas				
on Goldsboro Parks & Recreatio other adult supervision. I unders			iours without a parent	, guardian, or
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the test, and determinat	dministered by Goldsboro tion of passing, is solely an			
Recreation Pool Manage		- - -		
from Pool staff while on areas, bathhouse, and the discretion of the Figure child to access Goldsbor on Linderstand that it is not my child(ren) named be & Recreation Pool Properson of Linderstand that	dren must comply with all of Goldsboro Parks & Recreathe parking lot. Failure to do Pool Manager on duty. Repro Parks & Recreation Pool of the responsibility of Goldsboro Parks of Hold Goldsboro Parks of the event Goldsboro Parks of the the event Goldsboro Parks of the Roldsboro Parks & Recreation Pool Brope of the Roldsboro Parks of the Roldsboro Parks & Recreation Parks	ation Property, includ to so may result in dis teated failure may res s when unaccompan dsboro Parks & Recre terty, and further that s & Recreation and the Parks & Recreation Po	ling the pool, playgrour icharge from the pool of sult in revocation of peried by a parent or guar eation, or any of its staff if my child does leave the City of Goldsboro had bols must close due to be	nd area, picnic or pool grounds, ermission of the rdian. ff, to ensure that Goldsboro Parks ermless. inclement
	d by the Goldsboro Parks 8	k Recreation Pool Ma	nager on duty to pick r	ny child(ren) up,
I will do so as soon as po	ossible.			
Name of Child	Date of Birth	Notes (ex. allergies, medical conditions, etc.)		
	I			
Emergency Contacts	Relationship	Relationship Phone		
I have read and discussed the re consequences of not complying	-		· ·	ehavior and
Parent/Guardian Name (Printed)) Parent/Guardian	n Signature	Contact Phone	Date

