



ISMET/OIA

Serving the community through excellence in education since 1993

Parental Permission for Participation in Ongoing ISMET/OIA Swim Classes & Use of the Pool during School Hours

Dear Parents and/or Guardians:

Students in ISMET & OIA (Kindergarten thru 12th grade) will begin swimming as part of their PE curriculum, 1-2 days a week during school hours. Students will be divided by gender and will swim on alternate PE days. Personnel will be on hand in the pool and on deck throughout the swim session. Students not participating in swimming will be under adult supervision in the pool area or will participate in another activity in the gymnasium pending staff availability.

PLEASE RETURN BY FIRST DAY OF SCHOOL. STUDENTS WITH NO PERMISSION SLIP WILL NOT BE ABLE TO TAKE PART IN SWIMMING.

Date: Ongoing September thru June

Time: Per weekly PE schedule, during school hours.

Swim Dress Code: Students should bring their swim attire to school each day they are scheduled to swim and take it home for drying.

BOYS - Swim Shirts, Swim Shorts & Towel

GIRLS - Swim Cap, Swim Shirts, Swim Shorts/Capris down to knees & Towel

Please note that only swimwear will be allowed in the pool. Other items of clothing, including Dri-FIT, will NOT be permitted. Students will be required to take a quick cleansing shower before and after their swim session.

Supervision and Instruction: Students will be supervised by certified and trained lifeguards and swim instructors. There will also be at least one other adult present on deck in the swim area at all times.

Signed by: ISMET/OIA School Management Team

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By signing below, I agree not to hold the Muslim Educational Trust, the Islamic School of MET, Oregon Islamic Academy, MET staff/teachers/chaperones, liable for any, God forbid, injury or loss of life that results from my child(ren)'s participation in this activity.

For my child(ren) (Please print name(s)): _____

Parent/Guardian Telephone #: _____(home) _____(business)

Doctor's Name: _____ Doctor's Number: _____

Health Insurance Carrier and Policy #: _____

Optional: Medical/Health Problem(s): _____

Parent/Guardian Name: _____ Signature: _____ Date: _____