



Break a Wave Open Water Swim
Coach Approval for Minor

I, _____, am the supervising swim
(name of approving coach)

coach of _____.
(name of minor participant)

The above named minor participant demonstrates the appropriate skill level and swim experience to participate in the (circle one):

.5 mile (9-12 years old) OR 1 mile (13-17 years old)

open water swim on Sunday, August 26, 2018.

Coach Signature

Date (mm/dd/yy)

Name of Swim Team/Club

Contact Phone #

Parent/Legal Guardian Signature

Date (mm/dd/yy)

Additional words of recommendation:

FORM MUST BE POSTMARKED BY MONDAY, AUGUST 20th, 2018.

Mail form to:

Courtney Greening
536 W 7th St, #2
Traverse City, MI 49684