



City of Livingston Swimming Pool Permission Form 2024



The Department of Public Health and Human Services (DPPHS) per Circular FCS 3 – 2020 Montana Standards for Public Swimming Pools; section 8.2.3 (d) and the City of Livingston prohibit children under 14 years of age to swim without a “responsible person” supervising.

“Responsible Person” means any person *between the ages of 14 and 18 years old* who is charged with safeguarding the child.

A responsible person should:

1. Exercise good judgement
2. Remain at the Pool and attentive to their charges
3. Not be distracted (ie: on electronic devices, socializing with other friends, etc.)
4. Ensure their charges are following all pool rules and regulations at all times

Examples of a responsible person are:

- Responsible friends
- Caretakers (babysitter)
- Family that are age 14 or over

With parental/guardian completion of this form children under fourteen (14) years of age will be allowed to swim at the pool with a responsible person. Children in this age bracket will only be allowed entrance if they have this current permission slip on file at the pool and should be updated each time a different responsible party is chosen.

THIS FORM IS VALID FOR the 2024 pool season of June-August

The City of Livingston Pool Manager and Recreation Department Manager reserve the right to withdraw permission and make a final determination if the “responsible person” is not following/enforcing the expectations outlined above. If the responsible person is determined to not be following/enforcing the expectations, the parent/guardian will be notified the permission is revoked and the parent/guardian will either be required to find an alternate responsible person to safeguard their children or accompany their children themselves. Once revoked, that responsible person will not be eligible to be reinstated during the remainder of the 2024 Pool Season.

Child’s Name: _____

Date of Birth: _____

Child’s Name: _____

Date of Birth: _____

Child’s Name: _____

Date of Birth: _____

Child’s Name: _____

Date of Birth: _____

Responsible Person: _____

Date of Birth: _____

Responsible Person: _____

Date of Birth: _____

Responsible Person: _____

Date of Birth: _____

Emergency Contact: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Parent/Guardian Signature

Date