



# H2O NIGHTS

## Parent Permission Slip

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**ITASCA 4TH-9TH GRADERS**

Join friends for swimming and have a blast with our DJ!

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**NAME OF GUARDIAN:**

**NAME OF CHILD:**

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\_\_\_\_\_

I allow my child to attend the Itasca Park District Waterpark's H2O Night to be held on

\_\_\_\_\_

from

\_\_\_\_\_

(day/date)

(time)

**SCHOOL CHILD ATTENDS**

**GRADE ENTERING**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

Itasca Waterpark  
100 N. Catalpa, Itasca, IL 60143