



YMCA Name: _____
Swim Lesson Location: _____
Swim Session Start Date: _____

Y SWIM LESSONS PARTICIPANT ENROLLMENT FORM

Child's First name:	Child's Last name:										
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's DOB (mm/dd/yyyy): / /										
Child's Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: <input type="checkbox"/> I do not wish to self-identify	Is your child Hispanic, Latino(a), or Spanish origin? <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Another Hispanic, Latino/a or Spanish origin										
Name of parent or guardian:	Zip code:										
Is your child eligible for free or reduced school lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Number of adults and children that live in the same household (including this child):											
Can your child swim currently (i.e. before the first Y lesson)? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Has your child ever had a swim lesson before? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Is your child new to the Y (i.e. has never participated in a Y program before)? <input type="checkbox"/> Yes <input type="checkbox"/> No											
How did you hear about this program? <table border="0"><tr><td><input type="checkbox"/> Y staff member/volunteer</td><td><input type="checkbox"/> Media (TV, web, radio, print, etc.)</td></tr><tr><td><input type="checkbox"/> Friend/family member/word of mouth</td><td><input type="checkbox"/> School</td></tr><tr><td><input type="checkbox"/> Mailing/e-mail communication</td><td><input type="checkbox"/> Community-based organization</td></tr><tr><td><input type="checkbox"/> Poster/flyer/Y event</td><td><input type="checkbox"/> Other, please specify</td></tr><tr><td><input type="checkbox"/> Y's web site</td><td></td></tr></table>		<input type="checkbox"/> Y staff member/volunteer	<input type="checkbox"/> Media (TV, web, radio, print, etc.)	<input type="checkbox"/> Friend/family member/word of mouth	<input type="checkbox"/> School	<input type="checkbox"/> Mailing/e-mail communication	<input type="checkbox"/> Community-based organization	<input type="checkbox"/> Poster/flyer/Y event	<input type="checkbox"/> Other, please specify	<input type="checkbox"/> Y's web site	
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As a leading nonprofit improving the nation's health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement, to that end, we are requesting your permission to collect enrollment and assessment data from your child's instructor.

I acknowledge the transfer of data from the local YMCA database into the database supported by YMCA of the USA for purposes of tracking and verifying my child's participation and assessment in the Y Swim Lessons program. The information collected will be shared YMCA of the USA as a way to improve aquatics programming. In order to keep information confidential, information about my child will be assigned a code number, and evaluators will not have access to any of my child's identifying information (such as my name, address or phone number).

I authorize and acknowledge that I have read, understand and agree to the above.

Participant Name (Print)

Parent/Guardian Signature

Date

CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

SIGNATURE OF MEMBER / PARTICIPANT

SIGNATURE OF PARENT / GUARDIAN

DATE

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the YMCA of Florida's First Coast, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)

DATE

PARENT / GUARDIAN

DATE

PARENT / GUARDIAN

DATE