



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA name: _____
Lesson location: _____
Session start date: _____

SAFETY AROUND WATER

Participant Enrollment Form

Child's first name:	Child's last name:
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Child's DOB (mm/dd/yyyy): / /
Name of parent or guardian:	Phone Number:
	Zip code:

Number of adults and children who live in the same household (including this child):

Can your child jump into the water and safely exit the pool on his or her own? Yes No

Has your child ever had a swim lesson before? Yes No

Is your child new to the Y (i.e., has never participated in a Y program before)? Yes No

Child's race/ethnicity (optional):

- | | |
|---|--|
| <input type="checkbox"/> I do not wish to self-identify | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Some other race |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | |

How did you hear about this program?

- | | |
|---|--|
| <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/email 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 website | |

I give my permission for YMCA or partner agencies to release photos taken during this program of my child.

I understand that this program consists of bus transportation and physical activity and I agree to hold the YMCA and it's staff harmless in the event of any injury or bodily harm sustained in YMCA transport or facility.

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

Participant name (print)

Parent/guardian signature

Date