



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA name: \_\_\_\_\_

Lesson location: \_\_\_\_\_

Day/time: \_\_\_\_\_

Session start/end dates: \_\_\_\_\_

# SAFETY AROUND WATER ENROLLMENT FORM

<b>Child's first name:</b>		<b>Child's last name:</b>
<b>Child's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		<b>Child's birth date (mm/dd/yyyy):</b>
<b>Name of parent/caregiver:</b>		
<b>Zip code:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Emergency contact:</b>		<b>Emergency phone:</b>
<b>Number of adults and children in your household (including this child):</b>		
<b>Can your child jump into the water and safely exit the pool without help?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has your child ever had a swim lesson before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is your child new to the Y (i.e., has never participated in a Y program before)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child's race/ethnicity (optional):</b>		
<input type="checkbox"/> I do not wish to self-identify		
<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Some other race		
<input type="checkbox"/> Two or more races		
<input type="checkbox"/> White		
<b>How did you hear about this program?</b>		
<input type="checkbox"/> Y staff member/volunteer		
<input type="checkbox"/> Friend/family member/word of mouth		
<input type="checkbox"/> Mailing/email communication		
<input type="checkbox"/> Poster/flyer/Y event		
<input type="checkbox"/> Y's website		
<input type="checkbox"/> Media (TV, Web, radio, print, etc.)		
<input type="checkbox"/> School		
<input type="checkbox"/> Community-based organization		
<input type="checkbox"/> Other, please specify:		

☐ I have signed and returned the required photo, audio/video, narrative release form.

☐ I have signed and returned the Y's standard liability waiver.

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.

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

\_\_\_\_\_  
Parent/caregiver signature

\_\_\_\_\_  
Date