



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA name: COLE CENTER FAMILY YMCA
Day/time: MONDAY - FRIDAY 9-10AM & 11-12PM
Session start/end dates: JUNE 19TH - 23RD, 2023

SAFETY AROUND WATER 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 birth date (mm/dd/yyyy):	
Name of parent/caregiver:			
Zip code:	Phone:	Email:	
Emergency contact:		Emergency phone:	
Number of adults and children in your household (including this child):			
Can your child jump into the water and safely exit the pool without help? <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			
Child's race/ethnicity (optional):			
<input type="checkbox"/> I do not wish to self-identify	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Some other race
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Two or more races	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic/Latino			
How did you hear about this program?			
<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