



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

YMCA of Vineland
1159 E. Landis Ave, Vineland, NJ
May 20 – June 17, 2022

SAFETY AROUND WATER 2022 (5-14 year olds)

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): / /	AGE: ____
Name of parent or guardian:	Phone:	Email:
Address:		Zip code:

My child will/can: (circle all that apply)

- Eagerly put face in water – Y or N ;
- Float face down on own- Y or N ;
- Float on back with no help – Y or N ;
- Is afraid of/uncomfortable in the pool – Y or N ;
- Swim with no floatation on top of the water – Y or N ;
- Swim under the water on their own – Y or N

Has your child ever had swim lessons before? No Yes: Y Safety Around Water or
 Y Swim lessons-Stage _____ or Swim lessons at another location

Medical and Diverse Abilities: Has your child been diagnosed or treated for the following:

No Asthma Seizures

Complete other side if any apply to your child: Spectrum Disorder ADD/ADHD Special Needs

Learning Disability – see other side→

TIME DESIRED (Please Check off time registered for; registration is first come, first serve. If a time slot is full select an alternate time):

5 – 10 year olds: _____ 4:35-5:15pm _____ 5:20- 6:00pm _____ 6:50 – 7:30pm

8 – 14 year olds: _____ 7:35 – 8:15pm

10 – 14 year olds: _____ 6:05-6:45pm

INFORMED CONSENT / LIABILITY WAIVER AGREEMENT

I, the undersigned, realize that there may be medical risks associated with physical exercise, the use of the facility, or use of equipment within the facility. I also recognize that the YMCA cannot evaluate my child's physical abilities and medical limitations as they pertain to participation in programs, to the use of the facility, or use of equipment within the facility. I therefore assume all responsibility for having a thorough medical examination performed on my child, by a medical practitioner of my choice, before participation in any programs and prior to using the facility or equipment within the facility. I also assume all responsibility for abiding by the recommendations of said medical practitioner, including but not limited to: as they pertain to limitations on exercise, participation in YMCA programs, use of YMCA facilities and use of YMCA equipment within the facilities.

Furthermore, in consideration of my child's participation in the activities of the YMCA of Vineland, I do hereby agree to hold free from any and all liability of the YMCA of Vineland and its perspective Officers, Employees and Members, including but not limited to its or their own negligence; and do hereby for myself, heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which my child may have or which hereafter accrue to us arising out of or connected with my child's participation in any of the activities of the YMCA of Vineland, the use of its facilities, or the use of equipment within the facilities.

Photo Release Information

I hereby grant my full and irrevocable consent to release any photograph or video to the YMCA of Vineland for commercial purposes, in any medium of advertising, publicity, or communications, with or without my name or accompanying quotation.

I, THE UNDERSIGNED, HAVE READ, UNDERSTOOD AND AGREED TO THE CONDITIONS OUTLINED ABOVE.

PARENT'S SIGNATURE: _____ DATE: _____ PHOTO- NO, I decline _____

----- **YMCA OFFICE USE ONLY** -----

STAFF RECEIVED: _____ DATE: _____

CUMBERLAND CAPE ATLANTIC YMCA

Diverse Abilities In Safety Around Water Swim Lesson Participant Information:

The purpose of this form is to understand the needs of participants with Diverse Abilities who are registered for our Y Safety Around Water Swim Lesson.

****A parent should be prepared to go in the water, wearing a bathing suit with their child based on their child's individual abilities.** For example - if the child is unable to sit on the side and wait their turn, unable to listen to and follow directions, uncomfortable in a noisy group lessons setting.

Fill out this section at registration. We will contact you if we have questions or need further information.

- 1) Is child diagnosed with a disability/diverse ability that the instructor should know about? If yes, explain:
- 2) Are there any medical concerns- ie, asthma, diabetes, seizures, we should be aware of?
- 3) How does child communicate? (circle one)
Verbal Non-Verbal Sign Language

Alternate communication device _____
- 4) Are there any accommodations your child may need?
- 5) What makes the student angry or sad? Are there situations, events, or types of stimuli that could trigger these feelings?
- 6) What does it look like when the student is angry or sad? Is the student able to collect themselves afterward and return to a task?
- 7) What should we do when these feelings are triggered?