



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA name: Daviess County Family YMCA

Session start date: March 25-29

Ages: 5-12

Cost: \$8

## SAFETY AROUND WATER 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):    /    /
Name of parent or guardian:	

Address:

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

Session:

Session 1: 11:30am - 12:00pm

Session 2: 12:05pm - 12:35pm

Session 3: 12:40pm - 1:10pm

Session 4: 5:30pm - 6:00pm

Session 5: 6:05pm - 6:35pm

How did you hear about this program?

Y staff member/volunteer

Friend/family member/word of mouth

Mailing/email communication

Poster/flyer/Y event

Y's website

Media (TV, Web, radio, print, etc.)

School

Community-based organization

Other, please specify \_\_\_\_\_

I have signed and returned the required photo and video/audio recording release form for my child.

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 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

## Photo Release:

I give permission for photographs of the persons listed to be used for promotional purposes, including social media, of the Daviess County Family YMCA. I understand that these photos can be viewed by anyone, but identifying information will be displayed only by first name, or first name with last initial in case of duplicate names.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver:

I am an adult over 18 years of age and wish to participate in the Daviess County Family YMCA (the Y) membership/program activities (including Rock Wall), and wish my children or legal wards to participate and give them permission to participate in the Y activities (including Rock Wall). As used in the Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition of being permitted to utilize the facilities, services, and programs of the Y for any purpose, including but not limited to observation or use of the facilities or equipment or participation in any off-site program affiliated with the Y, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in Y activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the Y, its sponsors, officers, employees, volunteers, or contractors as a result of participating in Y activities or using its facilities. I further agree to indemnify the Y against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I also give the Y my consent to treatment for myself and my legal wards in the event of an injury and will not hold the Y accountable for any charges incurred. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it. I understand that the Daviess County Family YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using Y facilities, on Y premises, or involved in Y programs. I give my permission to the Daviess County Family YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's images or voice for the purposes of promotion or interpreting Y programs. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_