



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

YMCA name: Exxon Mobil YMCA

Lesson location: Pool

Day/time: _____

Session start/end dates: _____

SOUTHERN LAB SWIM LESSONS ENROLLMENT

first name:		last name:	
gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		birth date (mm/dd/yyyy):	
Address:			
Zip code:	Phone:	Email:	
Parent Name:		Parent Phone:	
Parent Birth Date:			
Can you jump into the water and safely exit the pool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever had a swim lesson before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you new to the Y (i.e., has never participated in a Y program before)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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:		
Ethnicity/Race:			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Pacific Islander		
<input type="checkbox"/> Asian	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other	

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose my child to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA. I have read and understand the above information. My child has permission to participate in the YMCA sponsored Youth Program in accordance with the conditions set forth above.

Signature of Parent/ Guardian

Date

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