



# YMCA of Delaware Water Wise

## Emergency Contact Info and Parent Consent Form

Name of School: Academia Anotonia Alonso

Swimming Dates: 2019-2020 School Year

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Child's Race:      White      Black or African American      American Indian or Alaska Native  
Asian      Native Hawaiian or Other Pacific Island      I do not wish to identify

Is your child Hispanic, Latino (a) or Spanish Origin?

No      Yes, Mexican, Mexican American, Chicano (a)      Yes, Puerto Rican  
Yes, Cuban      Yes, other Hispanic, Latino (a) or Spanish Origin

Emergency Contact #: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_

Are there any medical conditions and/or allergies we should be aware of? \_\_\_\_\_

Is your child able to swim without a flotation device in the water and without their feet on the bottom of the pool (i.e before their first swim day)? Yes No

Has your child ever participated in a swim lesson before? Yes No

Has your child ever participated on a swim team before? Yes No

As a parent/guardian how would you identify your child's swimming ability?

- Hesitant to get into a pool
- Loves the water but won't take their feet off the bottom
- Will go anywhere with a flotation device
- Will swim anywhere/anytime without a flotation device

How does your child feel about participating in this program?

Excited      Slightly Nervous      Worried      Feel it is Unnecessary

As a parent/guardian, how do you feel about your child participating in this program?

Excited      Slightly Nervous      Worried      Feel it is Unnecessary

Have any of their siblings participated in this program before? Yes No N/A

Is your child new to the Y (i.e. has never participated in a Y program before)? Yes No

Would you like the YMCA to contact you about Membership & Aquatic Programs? Yes No

If yes, please provide your e-mail address: \_\_\_\_\_

SEE REVERSE SIDE

## MEDICAL PERMISSION

In the event of an emergency affecting the health or welfare of this participant; the YMCA Staff have permission to administer first aid and/or CPR, and in the event that it is deemed necessary permission to obtain transportation (EMS/Paramedic) for the individual to the nearest doctor or hospital for further medical attention.

Signature \_\_\_\_\_

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

## PHOTO & VIDEO RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, **I hereby give the YMCA of Delaware**, its legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority **the absolute right and permission to take, copyright, use, and publish photographs or video of or concerning** my above registered child, in whole, in part, or in composite, in any and all media, for purposes of YMCA of Delaware art, advertising, education, or promotion, or for any purpose consistent with the YMCA mission.

**I agree that this likeness becomes the exclusive property of the YMCA of Delaware, and I waive all rights thereto.** I waive all rights to inspect and/or approve any text that may be used in conjunction with the photograph or video and the use to which it may be applied.

I represent that I am over the age of 18 years and I have read the foregoing and understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

No modifications of this agreement shall be of any effect unless it is made in writing and signed by all of the parties in the agreement.

Signature \_\_\_\_\_

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

## STATISTICAL DATA ACKNOWLEDGMENT

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 acknowledge the transfer of data from the local YMCA database into the database supported by YMCA of the USA for purposes of tracking and verifying my child's participation and assessment in the Y Swim Lessons program. The information collected will be shared YMCA of the USA as a way to improve aquatics programming. In order to keep information confidential, information about my child will be assigned a code number, and evaluators will not have access to any of my child's identifying information (such as my name, address or phone number).

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

Signature \_\_\_\_\_

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

## INFORMED CONSENT AGREEMENT

I understand that YMCA of DE activities have inherent risks and I hereby assume all risks and hazards incident to my participation in YMCA of DE activities. I further waive, release, absolve, and agree to hold harmless the YMCA of DE and all of its employees, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any and all claims or injuries.

Signature \_\_\_\_\_

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