

# SWIM LESSON PARTICIPANT INFORMATION & WAIVER

WilsonYMCA.org

Staff use only: Waitlist date \_\_\_\_\_

Group: **Swim Starter** **Preschool** **School Age** **Teen** **Adult** **Private**

PARTICIPANT 1 NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

PARTICIPANT 2 NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DESIRED START DATE\*: \_\_\_\_\_ DESIRED START DATE\*: \_\_\_\_\_  
\* Private Lesson only. Please note that we do not guarantee this date or times as they will be based on instructor availability.

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/WORK PHONE: \_\_\_\_\_

MEDICAL CONCERNS (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):  
\_\_\_\_\_  
\_\_\_\_\_

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with SIGNATURE below.

\_\_\_\_\_ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

\_\_\_\_\_ **Waiver for Medical Treatment (REQUIRED):** In the event that I and/or my child require emergency treatment and our emergency contact cannot be reached, I hereby authorize the Y to make arrangements to transport me and/or my child to the nearest hospital emergency facility. I give my consent for any and all necessary medical treatment, if, in fact I and/or my child require the attention of a physician.

\_\_\_\_\_ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to me and/or my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

\_\_\_\_\_ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of me and/or my child involved in Y programs to be used for Y promotions, trainings and/or displays.

\_\_\_\_\_ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted within the aquatics department unless a physicians note is submitted stating the inability to complete the class. Classes cancelled due to weather will be rescheduled if less than 10 minutes of the lesson took place. There is a 24-hour cancellations policy for the day of the lesson. You must contact the aquatics director or Swim Lesson Coordinator at 252-291-9622. Day of cancellations cannot be handled at the Member Services Desk. If the participant is more than five (5) minutes late for a session or does not show up, the participant will still be charged for that scheduled lesson.

\_\_\_\_\_ **Additional Notes (REQUIRED):** The Y reserves the right to cancel this lesson due to unforeseen circumstances. Classes will be rescheduled if needed. All non-potty trained children must wear a swim diaper and swim liner, which can be purchased at the Member Services Desk. Financial assistance is available for all those who qualify. For any questions or concerns, please contact the Foundation YMCA at (252) 291-9622. All lessons must be used within 100 days of date of purchase. Unused sessions are nonrefundable.

**By signing below, I agree that I have read and understand all of the above information as it relates to Foundation YMCA aquatics programs.**

X Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_