



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

YMCA Name: _____

Lesson Location: _____

Day/Time: _____

Session start/end dates: _____

Student ID: _____

SAFETY AROUND WATER

Eligibility, Enrollment And Consent Form

PARTICIPANT INFORMATION

Participant's First Name		Participant's Last Name	
*Date of Birth (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Unprovided		
Name of parent/caregiver (if applicable):	*Cell Phone ()	Email	
Home Street Address / PO Box	City	State	Zip
Emergency Contact:		Emergency Phone ()	
Number of adults and children in your household (including this person)		Can the person taking lessons jump into the water and safely exit the pool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the person enrolling ever had a swim lesson before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the participant new to the Y (i.e., has never participated in a Y program before)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child need goggles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's Race/Ethnicity <small>OPTIONAL</small> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African Amer. <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native American, Indigenous American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races/ethnicities <input type="checkbox"/> Other Identity, please specify _____ <input type="checkbox"/> Prefer not to Identify		How did you hear about this program? <input type="checkbox"/> Y staff member/volunteer <input type="checkbox"/> Friend/family member/word of mouth <input type="checkbox"/> Mailing/email communication <input type="checkbox"/> Poster/flyer/Y event <input type="checkbox"/> Y's website <input type="checkbox"/> Media (TV, Web, radio, print, etc.) <input type="checkbox"/> School <input type="checkbox"/> Community-based organization <input type="checkbox"/> Other Identity, please specify _____	

ELIGIBILITY INFORMATION

This grant-funded program has eligibility criteria. Please check all that apply:

- Child is covered by KanCare health insurance
- Child is in foster care or grandparent custody.
- Child is eligible for YMCA Financial Assistance program.
- Child has free or reduced meals through the school district.
- Referral by local partner/school/community group or service organization.

SESSION SELECTION

Each session is 4 weeks long and has 2 classes a week.

Please select which time slot and session you would like to participate

- | | | |
|--|---|---|
| <input type="checkbox"/> 4:00pm-4:30pm | <input type="checkbox"/> Session 1: June 1-24, Mon/Wed | Swim Level:
<input type="checkbox"/> Beginner
<input type="checkbox"/> Intermediate
<input type="checkbox"/> Advanced |
| <input type="checkbox"/> 4:40pm-5:10pm | <input type="checkbox"/> Session 2: June 2-25, Tues/Thurs | |
| <input type="checkbox"/> No preference | <input type="checkbox"/> Session 3: July 7-30, Tues/Thurs | |
| <input type="checkbox"/> No preference | <input type="checkbox"/> No preference | |

INFORMED CONSENT AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in this aquatics program. I assume all risks and hazards incidental to the conduct of this program. I support the YMCA youth sports philosophy, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I give permission to the Salina Family YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include me or my children's image or voice for the purpose of promotion or interpreting YMCA programs. This agreement must be signed to participate in this program.

Signature: _____ Date: _____

- I have signed and returned the required photo, audio/video, narrative release form.
- I have signed and returned the Y's standard liability waiver.

Please complete back side of enrollment and consent form



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CONSENT TO PARTICIPATE IN DATA COLLECTION

Your local YMCA and YMCA of the USA collect data and evaluate our programs to see what we are doing well, to identify areas of the program that we can improve, and to make sure that the participants we serve are benefiting from this program. Participant demographics and attendance will be collected as part of participation in this program and will be shared with our program funders.

WHAT YOU WILL BE ASKED TO DO

For evaluation purposes, we ask your permission to use the participant's swim skills assessment results, which is completed by the YMCA swim instructor at the beginning and end of the swim lesson session for program evaluation purposes.

KEEPING YOUR INFORMATION CONFIDENTIAL

All collected data for this project will be accessible only to the approved and trained researchers and authorized staff. Y-USA plans on keeping this data indefinitely, to identify trends in program participation, fidelity, quality, and outcomes over time.

We will not use the participant's name in any report or publication; rather, the data will be aggregated with other program participants. This data may be included in local, regional, and national reports; other publications; and submitted to funders or potential funders.

There is a very small risk that confidential data will be compromised. We will minimize this risk by ensuring that only approved local Y and Y-USA staff involved in the program have access to this information.

PAYMENT

You will not be paid for providing this data.

LEGAL RIGHTS

You will not lose any of your legal rights by signing this consent form.

CONTACT INFORMATION

For any additional questions you can contact aquatics@YMCA.net

AGREEMENT TO SUBMIT DATA

I have read and understand this consent information.

Printed name of Individual Participant or Parent(s)/Caregiver(s): _____

Individual Participant or Parent/caregiver signature

Printed Name of Child if under 18.

Date

There are two copies of the consent form, and both need your signature. The first copy needs to be returned to the YMCA. Since there is important information in this consent form, including contact information if you have questions or concerns. We want you to keep the second copy for your records.