FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA name: _____
Lesson location: _____
Day/time: _____
Session start/end dates: _____
Student ID: _____

SAFETY AROUND WATER ENROLLMENT AND CONSENT FORM

Person's first name:	**Person's last name:**
Person's gender: ☐ Male ☐ Female ☐ Non-Binary ☐ prefer not to identify ☐ Other Identity:	**Person's birth date (mm/dd/yyyy):**
Name of parent/caregiver (if applicable):	
Zip code: / **Phone:**	**Email:**
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?
☐ Yes ☐ No

Has the person enrolling ever had a swim lesson before? ☐ Yes ☐ No

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

Person's race/ethnicity (optional):

☐ Asian
☐ Black or African American
☐ Hispanic/Latino
☐ Middle Eastern or North African
☐ Native American, Indigenous American or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Two or more races/ethnicities
☐ Other Identity, please specify
☐ Prefer not to identify

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, 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

SAFETY AROUND WATER
ENROLLMENT AND CONSENT FORM

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, in order 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.

_____