



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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

## SAFETY AROUND WATER ENROLLMENT FORM

**Fill out the front and back of this form and email to [aquatics@westcookymca.org](mailto:aquatics@westcookymca.org) or return to:**  
West Cook YMCA  
attn: SAW  
255 S. Marion St.  
Oak Park, IL 60302

<b>Child's first name:</b>		<b>Child's last name:</b>
<b>Child's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		<b>Child's birth date:</b>
<b>Child's Grade (2019-2020 School Year):</b>		<b>Child's School:</b>
<b>Name of parent/guardian:</b>		<b>Parent/Guardian Birthdate:</b>
<b>Street Address:</b>		<b>City/State:</b>
<b>Zip code:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Emergency contact:</b>		<b>Emergency phone:</b>

**Child's race/ethnicity (optional):**

- |   |  |
|---|--|
| <input type="checkbox"/> I do not wish to self-identify   | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Some other race                           |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Two or more races                         |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Hispanic/Latino                  |  |

**Number of adults and children in your household (including this child):**

**Can your child jump into the water and safely exit the pool without help?**  Yes  No

**Has your child ever had a swim lesson before?**  Yes  No

**Is your child new to the Y (i.e., has never participated in a Y program before)?**  Yes  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:              |
| <input type="checkbox"/> Y's website                        |  |



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

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

**Check the boxes of your top 3 choices.**

**SUMMER I SESSION**

6/10/19-6/20/19

- Mon.-Thurs. 1:35 pm– 2:15 pm
- Mon.-Thurs. 4:35 pm– 5:15 pm

**SUMMER II SESSION**

6/24/19-7/03/19

- Mon.-Thurs. 1:35 pm– 2:15 pm
- Mon.-Thurs. 4:35 pm– 5:15 pm

**SUMMER III SESSION**

7/08/19-7/18/19

- Mon.-Thurs. 1:35 pm– 2:15 pm
- Mon.-Thurs. 4:35 pm– 5:15 pm

**SUMMER IV SESSION**

7/22/19-8/01/19

- Mon.-Thurs. 1:35 pm– 2:15 pm
- Mon.-Thurs. 4:35 pm– 5:15 pm

**SUMMER V SESSION**

8/5/19-8/15/19

- Mon.-Thurs. 1:35 pm– 2:15 pm
- Mon.-Thurs. 4:35 pm– 5:15 pm

**FALL I SESSION**

9/2/19-10/27/19

- Monday: 6:40 pm– 7:20 pm
- Tuesday: 6:20 pm– 7:00 pm
- Wednesday: 5:55 pm– 6:35 pm
- Thursday: 6:20 pm– 7:00 pm
- Friday: 4:35 pm– 5:15 pm
- Saturday: 8:00 am– 8:40 am
- Sunday: 10:35 am– 11:15 am

**FALL II SESSION**

10/28/19-12/22/19

- Monday: 6:40 pm– 7:20 pm
- Tuesday: 6:20 pm– 7:00 pm
- Wednesday: 5:55 pm– 6:35 pm
- Thursday: 6:20 pm– 7:00 pm
- Friday: 4:35 pm– 5:15 pm
- Saturday: 8:00 am– 8:40 am
- Sunday: 10:35 am– 11:15 am

I give permission for my child to have their picture and/or video taken as part of the West Cook YMCA Program. I understand that the picture or video may be displayed within the facility, in the newspaper, or on other media outlets.

I understand that the Y assumes NO FINANCIAL OBLIGATIONS, BUT IN CASE OF ACCIDENT OR ILLNESS, the Y has my authorization to secure any necessary medical attention for the enrolled above. I also agree to hold harmless the Y, its employees and directors, for any injury which may occur in the course of this activity.

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/Guardian signature

\_\_\_\_\_  
Date