



Waldo County YMCA

★ We build strong kids, strong families, strong communities. ★

Islesboro Swim and Explore

Participant Information Sheet

<p>Student Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: _____</p> <p>Gender: M / F Age: _____ Birthdate: _____</p>	<p>Please answer the following statements about your child to help us better group students for the initial assessment.</p> <ul style="list-style-type: none"> • Puts his/her face in the water Y N • Submerges his/her head Y N • Floats on his/her front with support Y N • Floats on his/her front without support Y N • Floats on his/her back with support Y N • Floats on his/her back without support Y N • Jumps into chest deep water with help Y N • Jumps into chest deep water without help Y N • Travels for 5 body lengths unassisted Y N • Swims independently using combined arm and leg action for 5 body lengths Y N
<p>Parent's Name: _____</p> <p>Employer: _____</p> <p>Work Phone: _____ Cell Phone: _____</p> <p>Email: _____</p> <p>Emergency Contact: _____</p> <p>Daytime Phone: _____ Cell Phone: _____</p> <p>Relationship to Child: _____ <i>(In case of emergency we will always try to contact the parents first.)</i></p>	<p>In signing this agreement, I specifically assume all risks of injury arising out of my/my child's presence on the premises of the Waldo County YMCA, the use of its equipment or facilities, and my/my child's participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns to hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees, or agents.</p> <p>I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I certify that I/my child is physically capable of any activity that may injure myself/my child or others.</p> <p>I hereby authorize the employees of the Waldo County YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment to myself/my child in the event of an accident.</p> <p>Because of the nature of our programs, the Waldo County YMCA staff may be transporting your child throughout the State of Maine by bus, van, or personal vehicle. All staff members transporting children are over the age of 21 and have a valid driver's license. I give the Waldo County YMCA personnel permission to transport my child by bus, van, or personal vehicle. I hereby authorize the YMCA to use photos and/or videos of me/my child/my family in promotional activities.</p> <p><i>I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.</i></p>
<p>Is participant an Annual Member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Medical Concerns/Conditions:</p> <p>Medications/Allergies: _____</p> <p>_____</p> <p>Date of last physical: _____</p> <p>Date of last tetanus shot: _____</p> <p>Doctor's Name: _____</p> <p>Address & Phone: _____</p> <p>Insurance Company: _____</p> <p>Policy No.: _____</p>	

Parent/Guardian Signature: _____ **Date:** _____