



Old Colony YMCA Y-Ability

Participant Intake Form

Participant Name: _____ DOB: ___ / ___ / ___

Gender _____ Parent/Guardian/Caregiver: _____

Phone Number _____ Emergency Contact #: _____

Emergency Contact Name: _____

Email Address: _____

Program Registration (check all that apply): Swim Ability _____ Arts & Crafts _____
Fitness Fun—Music & Movement _____ Gymnastics _____

Background Information

Are there any medical conditions and/or allergies we should be aware of?

What are the participant's primary areas of difficulty if any?
(Transitions, physical limitations, etc.)

Are there any social or emotional challenges of which we should be aware?

Does the participant have any sensory sensitivities of which we should be aware?
(Seeking/avoiding, loud noises, bright lights, smells etc.)

Social Skills

How are the participant's communication skills?
(Verbal/Non-verbal, receptive/expressive language, etc.)

Are there any effective adaptations, modifications, interventions or strategies used at school or home that would be beneficial here at the YMCA? (I.e. visual schedule, behavior chart, checklists, etc.)



Swim -Ability Specific

Is the participant able to swim without a flotation device in the water and without their feet on the bottom of the pool (i.e before their first swim day)? Yes No

Has the participant ever participated in a swim lesson before? Yes No

Has the participant ever participated on a swim team before? Yes No

As a parent/guardian/caregiver how would you identify the participants swimming ability?

- Hesitant to get into a pool
- Loves the water but won't take their feet off the bottom
- Will go anywhere with a flotation device
- Will swim anywhere/anytime without a flotation device

MEDICAL PERMISSION

In the event of an emergency affecting the health or welfare of this participant; the YMCA Staff have permission to administer first aid and/or CPR, and in the event that it is deemed necessary permission to obtain transportation (EMS/Paramedic) for the individual to the nearest doctor or hospital for further medical attention.

Signature _____

Date: _____

PHOTO & VIDEO RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, **I hereby give the Old Colony YMCA**, its legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority **the absolute right and permission to take, copyright, use, and publish photographs or video of or concerning** my above registered child, in whole, in part, or in composite, in any and all media, for purposes of Old Colony YMCA art, advertising, education, or promotion, or for any purpose consistent with the YMCA mission.

I agree that this likeness becomes the exclusive property of the Old Colony YMCA, and I waive all rights thereto. I waive all rights to inspect and/or approve any text that may be used in conjunction with the photograph or video and the use to which it may be applied.

I represent that I am over the age of 18 years and I have read the foregoing and understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.



No modifications of this agreement shall be of any effect unless it is made in writing and signed by all of the parties in the agreement.

Signature _____

Date: _____

STATISTICAL DATA ACKNOWLEDGMENT

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 from your child's instructor.

I acknowledge the transfer of data from the local YMCA database into the database supported by YMCA of the USA for purposes of tracking and verifying my child's participation and assessment in the Y Swim Lessons program. The information collected will be shared YMCA of the USA as a way to improve aquatics programming. In order to keep information confidential, information about my child will be assigned a code number, and evaluators will not have access to any of my child's identifying information (such as my name, address or phone number).

I authorize and acknowledge that I have read, understand and agree to the above.

Signature _____

Date: _____

INFORMED CONSENT AGREEMENT

I understand that Old Colony YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in Old Colony YMCA activities. I further waive, release, absolve, and agree to hold harmless the Old Colony YMCA and all of its employees, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any and all claims or injuries.

Signature _____

Date: _____