



## APPLICATION FOR ADAPTIVE SAFETY AROUND WATER

### FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ GENDER: \_\_\_\_\_

NAME OF PERSON(S) COMPLETING FORM: \_\_\_\_\_

RELATION: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERSON'S RACE/ETHNICITY: \_\_\_\_\_ (optional)

1. Is your child new to the Y?  Yes  No
2. Has your child taken swimming lessons before?  Yes  No
3. Can your child jump into the water and exit the pool without help?  Yes  No
4. How did you hear about this program?

5. How would you describe your child's general personality?

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6. What type of activities does your child enjoy?

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7. Is there anything in particular that your child does not enjoy?

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8. Are there any particular triggers of which we should be aware?

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9. Please check all statements that apply to your child:

<input type="checkbox"/> Uses some signs	<input type="checkbox"/> Uses some words
<input type="checkbox"/> Uses signs and words	<input type="checkbox"/> Uses sentences
<input type="checkbox"/> Generally talks in sentences	



## ADAPTIVE SAFETY AROUND WATER ENROLLMENT AND CONSENT FORM

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the released or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJUR, DEATH OR PROPERTY DAMAGE due to negligence of released or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and includable as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and agrees that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

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.

I (circle one) allow / do not allow photos or videos to be used for promotional purposes to help spread awareness about this program.

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

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Individual Participant or Parent/caregiver signature

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Printed Name of Child if under 18.

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Date