**SAFETY AROUND WATER
ENROLLMENT and Consent FORM**

|  |  |
| --- | --- |
| **Child’s first name:**  | **Child’s last name:** |
| **Child’s gender:** [ ]  Male [ ]  Female [ ]  Non-Binary [ ]  prefer not to identify [ ]  Other Identity:  | **Child’s birth date (mm/dd/yyyy):** |
| **Name of parent/caregiver:** |
| **Zip code:** | **Phone:** | **Email:** |
| **Emergency contact:** | **Emergency phone:** |
| **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 |
| **Child’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**

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**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 benefitting 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 your child’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 your child’s name in any report or publication; rather, your or your child’s data will be aggregated with other program participants. This data may be included in local, regional and national reports; other publications; and submitted to funder 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 Individuals or Parent(s)/Caregiver(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/caregiver signature                             Printed Name of Child

Date

There are two copies of the consent form and both need your signature. The first copy needs to be returned to the YMCA. Since there is important information in this consent form, including contact information if you have questions or concerns, we want you to keep the second copy for your records.