



2017 SAFETY AROUND WATER PROGRAM

PARTICIPANT ENROLLMENT FORM

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|---|--|
| 1 st Child's First & Last name: | Has your child ever had a swim lesson before? Yes No |
| Child's Gender: Male Female Child's Age: | Can your child swim currently? Yes No |
| Child's Race: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Other: | Is your child Hispanic, Latino(a), or Spanish origin? No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a Yes, Puerto Rican Yes, Cuban Yes, Another Hispanic, Latino/a or Spanish origin |
| 2 nd Child's First & Last name: | Has your child ever had a swim lesson before? Yes No |
| Child's Gender: Male Female Child's Age: | Can your child swim currently? Yes No |
| Child's Race: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Other: | Is your child Hispanic, Latino(a), or Spanish origin? No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a Yes, Puerto Rican Yes, Cuban Yes, Another Hispanic, Latino/a or Spanish origin |
| 3 rd Child's First & Last name: | Has your child ever had a swim lesson before? Yes No |
| Child's Gender: Male Female Child's Age: | Can your child swim currently? Yes No |
| Child's Race: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Other: | Is your child Hispanic, Latino(a), or Spanish origin? No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a Yes, Puerto Rican Yes, Cuban Yes, Another Hispanic, Latino/a or Spanish origin |

Parent or Guardian

Address

City

State

Zip

Email address

Phone (home)

Phone (mobile)

FOR Y STAFF USE

Community Name:

Session Dates and Time:

(Waiver and signature required on back)