



FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Channel Islands YMCA

PRIVATE SESSION REGISTRATION FORM & AGREEMENT

PRIMARY ADULT					
Legal First Name	Middle Initial	Legal Last Name	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address		City	State	ZIP	
Home Phone	Cell Phone	Cell Carrier	<input type="checkbox"/> Check here to receive text message updates		
Emergency Contact Name (Required. Must be outside of household)		Emergency Contact Phone	Relationship		

PRIMARY ACCOUNT HOLDER E-MAIL ADDRESS (SERVES AS YOUR Y ACCOUNT LOGIN)
Email (Thank you for agreeing to receive our periodic email communications. We never share or sell email addresses.)

PARTICIPANT AND PROGRAM INFORMATION
Participant's Name: _____ DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Program/Activity: _____
Desired Instructor/Trainer: _____
Desired Day/Time: _____
Additional Info: _____

By registering you are agreeing to the following:

1. We will not issue refunds for missed sessions. It is your responsibility to show up to each scheduled session and if you cannot make it you must call and **cancel at least 24 hours prior to the time the session is scheduled** or you will be charged for the session.
2. If you are late, your session will not be extended. If you are more than 15 minutes late, your session will be canceled and you will be charged for the session.
3. Any scheduled sessions not paid for 24 hours in advance will be canceled.
4. Any unused sessions expire 6 months from the date of purchase.
5. The YMCA reserves the right to reassign members to available trainers for any reason.

Print Name: _____ **Signature:** _____ **Date:** _____

Channel Islands YMCA

Photographic and Video Release:

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Channel Islands YMCA, its volunteers, employees and any other person and entity acting with its permission the right to take, copyright, use, and publish any photographs or video of me or my child/children for the purpose of any YMCA advertising, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any right to inspect or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

Identification and SOR Screening:

The YMCA conducts sex offender screenings. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

The YMCA reserves the right to deny access or membership to any person who has been convicted of any crime involving sexual abuse or is, or has been, a registered sex offender. The YMCA reserves the right to conduct background checks on current and prospective members.

Consent to Emergency Medical and Dental Treatment if participant under 18 years of age:

As the parent ☐, domestic partner defined by State of California ☐, or authorized representative or legal guardian ☐, I hereby give consent to Channel Islands YMCA, and its employees and volunteers to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child/children:

- A. _____
- B. _____
- C. _____

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child/children named above.

Insurance Disclaimer:

Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the

An assumption of risk, release and waiver of liability and indemnity agreement must be signed for all program registrations. This assumption of risk, release and waiver will remain in effect for all private or semi-private sessions provided by the Channel Islands YMCA.

Print Name: _____

Signature _____ Date: _____

**CHANNEL ISLANDS YMCA MEMBER/CHILDREN
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND
INDEMNITY AGREEMENT**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the Channel Islands YMCA (YMCA), and/or for his or her children listed below to so participate 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, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as “the undersigned”) hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that there is widespread, ongoing transmission of novel coronavirus (“COVID-19”) worldwide, including throughout Santa Barbara County and Ventura County, California. In accordance with the most recent (as of the revision date set forth above) orders and recommended guidance and protocols issued by various governmental and public health agencies, including without limitation the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the Santa Barbara County Public Health Department, and the Ventura County Health Care Agency (together, the “Public Health Agencies”), and, with respect to the YMCA’s child care facilities, services and programs, the California Department of Social Services (Community Care Licensing Division), for slowing the transmission of COVID-19 (collectively, “COVID-19 Risk Mitigation Guidance”), the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement COVID-19 Risk Mitigation Guidance for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above, enhanced cleaning and disinfecting protocols, and physical distancing measures. The COVID-19 pandemic is a challenging and fluid situation, and COVID-19 Risk Mitigation Guidance may change frequently. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated COVID-19 Risk Mitigation Guidance and further agrees to comply with the YMCA’s revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social and physical distancing of 6 feet per person among participants (including children, caregivers and staff) is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA’s reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

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, PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, PARTICIPATION IN ANY VIRTUAL OR ONLINE PROGRAMS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19 or any other communicable disease, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage.

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

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART

FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 OR OTHER COMMUNICABLE DISEASES AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date _____ Print name _____

Signature of applicant/parent _____

Signature of other adult _____

Name of child in program _____

Name of child in program _____

Name of child in program _____



FOR YOUTH DEVELOPMENT®
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DIVERSE ABILITIES PRIVATE SESSIONS APPLICATION

The purpose of this application is to understand the needs of your student in swim lessons. Please answer as much information as you are comfortable. The more information that is provided, the more your instructor can cater their instruction to benefit your child.

Student Name: _____ Birth Date: _____

Guardian Name: _____

Contact Phone: _____ Contact Email: _____

Ethnicity (Circle):	Asian	African American/Black	Alaskan Native
Caucasian/White	Hispanic	Indian	Middle Eastern or North African
Native American	Other	Native Hawaiian or Other Pacific Islander	Unspecified

GOALS

What, if any, specific goals do you have for the student in swim lessons (check all that apply)?

☐ Physical: strength, endurance, balance, motor skill development (please specify below)

☐ Aquatics: comfort in water, safety around water, basic swimming skills, advancing swimming skills (please specify below)

☐ Social: socialization and interaction with others (please specify below)

☐ Other (please specify below)

HISTORY

Has the student been involved in swim lessons in the past?

☐ Yes

☐ No

If yes, please describe:

Has the student been involved in aquatic programs at another YMCA or through another organization?

- ☐ Yes
☐ No

If yes, what organization and what type of program?

List the student's known swimming skills:

What is the student's previous experience with water (e.g., do they like the water, have they had a bad experience with water, etc.)?

Is the student fearful of the water?

- ☐ Yes
☐ No

STRENGTHS AND INTERESTS

What does the student do that makes you smile?

What makes the student smile?

What motivates the student (e.g., reward systems, positive encouragement, etc.)?

What are the student's least favorite activities?

AREAS OF SUPPORT

What makes the student angry or sad? Are there situations, events, or types of stimuli that could trigger these feelings?

What does it look like when the student is angry or sad? Is the student able to collect themselves afterward and return to a task?

What should we do when these feelings are triggered?

Are there additional things the student finds difficult or times when the student needs help (e.g., when transitioning from one activity to another)?

Communication Supports

What is the student's preferred method of communication or learning (e.g., words, pictures, gestures, etc.)?

How does the student ask for help?

How does the student interact with others in a social setting?

Assistive Technology

Does the student use any communication devices?

Does the student use any mobility support?

Medical Needs

Does the student have any medical or physical restrictions or is the student on any medical action plans?

Are there any medical concerns we should be aware of?

How will the student enter the pool?

- ☐ Independently using the steps
- ☐ With assistance from another person

Does the student have difficulty with any of the following (check all that apply)?

Physical

- ☐ Gait
- ☐ Balance
- ☐ Coordination
- ☐ Strength
- ☐ Endurance
- ☐ Range of motion

Check how the student identifies in the following areas (check all that apply):

Vision

- ☐ No significant vision impairment
- ☐ Can see light/shadows
- ☐ Legally blind

Hearing

- ☐ No significant hearing impairment
- ☐ Mild loss
- ☐ Moderate/severe loss
- ☐ Deaf

Speech/Communication

- ☐ Verbal
- ☐ Nonverbal
- ☐ Sign language

Cognitive

- ☐ Short attention span
- ☐ Requires verbal cues to complete a task
- ☐ Able to follow directions
- ☐ Impulsive
- ☐ Easily distracted

Hypersensitive to

- ☐ Touch
- ☐ Noise/Volume
- ☐ Unfamiliar environment
- ☐ Heat
- ☐ Cold

Will the student use exercise/instructional equipment (pool noodle, float belt, barbells, etc.)?

- ☐ Yes
- ☐ No
- ☐ Unsure

Is the student continent?

- ☐ Yes
- ☐ No

Accommodations

This section restates all identified support needs of the student and the accommodation that will meet these needs.

Support Needs

Accommodation

What is the student’s disability diagnosis (this is optional to disclose)?

Additional comments: