

Aquatic Dept. Emergency Information Form

PLEASE FILL IN ALL BLANKS AND NOTIFY STAFF OF ANY CHANGES AS THEY OCCUR

Child(ren)'s Name(s)_____ Birth date_____

Child(ren)'s Name(s)_____ Birth date_____

Child(ren)'s Name(s)_____ Birth date_____

Address_____ Home Phone_____

Mother's Name_____ Cell Phone_____

Business Address_____ Work Phone_____

Father's Name_____ Cell Phone_____

Business Address_____ Work Phone_____

PLEASE MAKE AT LEAST ONE OF YOUR EMERGENCY CONTACTS LOCAL

Emergency Contact

#1 Name_____ Relationship_____

Home/Cell Phone_____ Work Phone_____

#2 Name_____ Relationship_____

Home/Cell Phone_____ Work Phone_____

Pediatrician's Name_____ Phone_____

Address_____

Note: In the event of illness, injury, or transportation difficulties, we will attempt to contact the parents first. If we are unable to reach parents, we will contact the person(s) listed above.

Does your child have any health problems we should know about?

Any allergies:

Emergency Treatment Consent Form

Aquatics Department

In the event that a serious injury should befall your child while s/he is at a swim program, every effort will be made to reach you and your family physician. Should we not be able to reach either, it might be necessary to use emergency hospital facilities.

No hospital is permitted to give emergency treatment to a child without parental consent. Therefore, please fill out and return this form so that we may keep it in our files. Thank you.

I, _____, consent that my child(ren), (please print name/s)
Parent or Guardian (print)

_____, _____, & _____,

receive such medical treatment as is deemed necessary by the attending hospital and/or physician in case of an emergency. I give permission for a representative of the YWCA of White Plains and Central Westchester to consent (sign) on my behalf for emergency treatment by the hospital/attending physician.

Signature of Parent/Guardian

Date

Aquatic Department Credit/Refund Policy

The YWCA reserves the right to cancel or modify classes or change instructor assignments when necessary. When a class is cancelled due to inclement weather or other unforeseen event, we will attempt to contact all scheduled participants. Be sure to indicate your home, work, and alternate phone numbers on the registration form to assist us with timely notification. *There will be no credit or refund for such closings.*

Refunds are given only when the YWCA cancels a class or when a participant withdraws from a class with a **minimum of 48 hours notice**. If participant cancels, there will be a \$ 10 processing fee deducted from the refund. Refunds are made by check and mailed within 30 business days.

Credits are granted under limited circumstances, no more than 75% after the first class, and no more than 50% after the second class. There are no credits granted for missed classes or occasional illness, only for prolonged illness (more than three classes in a row) documented with a doctor's note. Credits are good for one full year from date of issue and may be applied to any YWCA activity, including parties.

Your **membership** is not a fee for service. It is a statement of support for the goals and programs of the YWCA and **is not refundable**.

Parent's Signature

Date