eliminating racism
empowering women
ywca
Central Massachusetts

Free Swim Lessons: Registration Form

July- August 2026

COMPLETE ONE FORM PER CHILD

Child Name: _____
First Middle Last

Date of Birth: _____

Gender (circle one): Cisgender Female Gender/Queer Intersex Cisgender Male Transgender Female Transgender Male Transgender (Unspecified) Other Unspecified Unknown/Undisclosed

School: _____ Current Grade _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone:

(home)_____ (cell)_____

(work) _____ Email: _____

☐ Please send me my confirmation via email

EMERGENCY MEDICAL RELEASE

Emergency Medical Release
In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____

Phone: _____

Medical Insurance Provider: _____Policy and/or Group #: _____

Medical Conditions
Please check all that apply

☐ ADD
☐ ADHD
☐ Anxiety
☐ Asthma
☐ Bipolar Disorder
☐ Depression
☐ Diabetes
☐ Food Allergies
☐ PTSD
☐ Seizure Disorder

Medical Release
I authorize the YWCA, as agent for the undersigned, to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YWCA is not responsible for costs incurred for medical care.

Parent/Guardian Signature: _____Date: _____

DEMOGRAPHIC INFORMATION

COMPLETE ONE FORM PER CHILD

Please choose the appropriate selection for your child:

Household Income

☐ Under $17,000 ☐ $17,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000 and above

Race

☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ Hispanic/Latino/a/x ☐ Multi Racial
☐ White ☐ Other Race ☐ Unknown/Undisclosed

Ethnicity

☐ African American ☐ Albanian ☐ American ☐ American Indian/Alaskan Native ☐ Asian Indian ☐ Brazilian ☐ Cambodian
☐ Cape Verdean ☐ Caribbean Islander ☐ Chinese ☐ Colombian ☐ Cuban ☐ Dominican ☐ European ☐ Filipino ☐ Ghanaian
☐ Guatemalan ☐ Haitian ☐ Hispanic/Latino/a/x ☐ Honduran ☐ Japanese ☐ Kenyan ☐ Korean ☐ Laotian ☐ Liberian
☐ Mexican ☐ Mexican American ☐ Chicano ☐ Middle Eastern ☐ Portuguese ☐ Puerto Rican ☐ Russian ☐ Salvadoran
☐ Vietnamese ☐ Unknown/Undisclosed
☐ Other (Please Specifiy)_____

Primary Language

☐ English ☐ Spanish ☐ French ☐ Arabic ☐ Portuguese ☐ Haitian Creole ☐ Cape Verdean Creole
☐ Khmer ☐ Chinese (any dialect) ☐ Korean ☐ Vietnamese ☐ Russian ☐ Somali ☐ American Sign Language (ASL)
☐ Twi ☐ Other language not listed ☐ Unknown/Undisclosed

Housing Status:

☐ Homeless ☐ Own ☐ Rent ☐ Shelter ☐ Other ☐ Unknown/Undisclosed

Total Number Living in Household:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 or more ☐ Unknown/Undisclosed

Source of Income:

☐ Employment ☐ TAFDC ☐ SNAP ☐ EAEDC ☐ SSDI ☐ SSI/Pension/Other Retirement ☐ Partner/Spouse Support
☐ Child Support ☐ Alimony ☐ Unemployment ☐ Other ☐ None ☐ Unknown/Undisclosed

Type of School (Child):

☐ Worcester Public Schools ☐ Other Public School ☐ Private/Parochial School ☐ Homeschool
☐ Other ☐ Unknown/Undisclosed

I have read, understand and agree to the terms of this application.

Parent/Guardian Signature: _____ Date: _____

PLEASE FILL OUT THE ENTIRE FORM AND HAND BACK TO BRITNIE CAMPANIELLO
OR EMAIL FORM TO JDWINELL@YWCACM.ORG