



KINGS BAY Y AT WINDSOR TERRACE
1224 Prospect Ave
Brooklyn, NY 11218
718-407-6377

Aquatics Participation Release Form

**COMPLETE ALL SECTIONS – PLEASE PRINT OR TYPE
(PLEASE INCLUDE YOUR CHILDS INFORMATION)**

First Name: _____ **Last Name:** _____

Address: _____ **Apt No.:** _____

City: _____ **State:** _____ **Zip:** _____

Aquatics Release Statement (TO BE FILLED OUT BY PARENT OR GUARDIAN)

Full Name: _____

Phone: _____

Relationship: _____

Age: _____

Date of Birth: _____

I, _____ hereby allow my child to participate in any aquatics related events at the Kings Bay YM-YWHA. I will permit emergency treatments in the event of injury or illness while participating in these aquatics related programs. I certify that I have read this waiver and release and understand its content.

I HAVE READ THE ABOVE AUTHORIZATIONS AND AGREE TO ABIDE BY THEM.

Signed _____

Date _____

Relationship to child _____

Telephone # _____

Name of child _____