

## SENIOR SWIM

## **PARTICIPANT INFO** \_\_\_\_Last Name:\_\_\_\_ First Name: Address: State: Zip: City: Home Phone: Cell/Other Phones: Email: ☐ Female ☐ Male Birthdate: ☐ Special needs (please describe): ☐ Health restrictions (please describe): ☐ Allergies (please describe): ☐ Previous participant in a Manhattan Youth or Downtown Community Center program. **EMERGENCY CONTACTS** Relationship: Cell phone: Name: Name:\_\_\_\_\_\_Cell phone:\_\_\_\_\_ LEGAL CONSENT Please read, initial and sign the following legal consents. I certify that I have permission from my doctor to use the pool. \_I certify that I have permission from my doctor to use the steam room. I give permission to Manhattan Youth to take me to a hospital emergency room or doctor to obtain medical treatment if necessary. I understand that the highest priority of Manhattan Youth is the safety and well-being of participants and staff. From time-to-time there may be situations or circumstances which, in the opinion of the Program Directors, are not safe, nor are they suitable for the well-being of the users and staff. Therefore, I recognize that Manhattan Youth reserves the right to make decisions about enrollment and participation in Downtown Community Center activities and programs. If I am asked to leave a program, Manhattan Youth will refund a prorated share of the unused fees. I give permission to be photographed or otherwise recorded during activities, and for any such photographs to be displayed by Manhattan Youth in any medium (newsletters, web sites, etc.), whether now or hereafter known or developed. Date: Signature: ☐ Senior Program—no charge. ☐ To help cover costs I want to make a one time contribution of: Make Checks Payable to Manhattan Youth □ \$1000 contribution □ \$500 contribution □ \$100 contribution ☐ Other Amount:

PLEASE RETURN COMPLETED FORM TO: Manhattan Youth Downtown Community Center 120 Warren Street, New York, NY 10007