



Kings Bay Y Academy
3495 NOSTRAND AVENUE
BROOKLYN, NEW YORK 11229
(718) 648-7703, EXT. 229

Aquatics Participation Release Form

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

First Name: _____ **M.I.** _____ **Last Name:** _____

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

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

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

IN CASE OF EMERGENCY, PLEASE CALL:

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 treatment in the event of injury or illness while participating in these aquatics related programs. I certify that I have read this waver and release and understand and its content.

Signature: _____ **Date:** _____

Relationship to Child: _____ **Telephone #** _____

Name of Child: _____