



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# THE WORLD IS 71% WATER

YOUR CHILDREN ARE  
**100% CURIOUS**

## Safety Around Water

Two children die every day because of drowning. Drowning is the leading cause of death for children 1-4 years old and the second leading cause of death for children 5-14 years old. Research shows that participation in formal water safety and swim lessons can reduce the risk of drowning for children. Our **FREE** Safety Around Water program teaches children that water should be fun, not feared, if you know how to stay safe in and around water.

Teaching children how to be safe around water is not a luxury; it is a necessity. Equip your children with the tools they need to be confident in and around water.

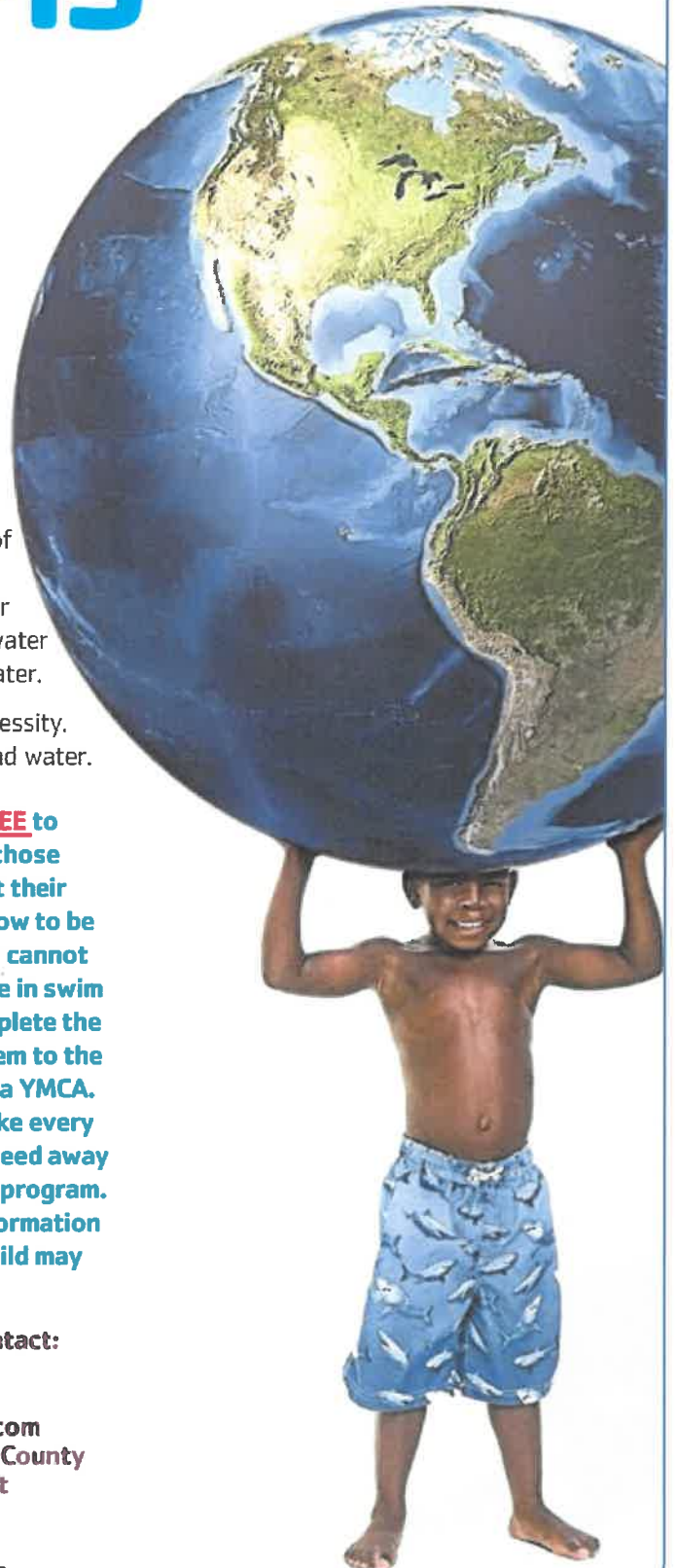
### WHAT IS SAFETY AROUND WATER?

This 8-session course (run on Sunday afternoons) teaches kids water safety and basic swimming skills that help reduce the risk of drowning and builds confidence in and around water.

Children will learn what to do if they find themselves in the water unexpectedly, learn fundamental water safety skills that include the concept of reach or throw, don't go; CPR; and what to look for in a safe place to swim. *Jump/Push/Turn/Grab* teaches children to push off the bottom of the pool as they are submerging to get back up to the surface while turning to grab the side of the pool. *Swim/Float/Swim* teaches children to swim a short distance on their front, roll over onto their back to rest, and then roll on their front to continue swimming to safety.

**Safety Around Water is **FREE** to participants. It is open to those in the community who want their children ages 5-14 to learn how to be safe in and around water and cannot otherwise afford to participate in swim lessons. To apply, please complete the attached forms and return them to the Aquatics Director at the Ithaca YMCA. The Aquatics Director will make every effort not to turn any child in need away from the Safety Around Water program. You will be contacted with information about how and when your child may attend.**

**For more information, contact:**  
**Alyson Murphy**  
**Aquatics Director**  
**amurphy@ithacaymca.com**  
**YMCA of Ithaca & Tompkins County**  
**50 Graham Road West**  
**Ithaca, NY 14850**  
**(607) 257-0101**  
**www.ithacaymca.com**





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## Safety Around Water Registration Form

Child's Name: \_\_\_\_\_ YMCA Member: YES / NO

Home Address: \_\_\_\_\_

Gender: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Initial

In consideration for my child's participation in the Ithaca YMCA Safety Around Water Program, under the supervision of the Ithaca YMCA staff, I will not hold liable the Ithaca YMCA or the YMCA Aquatics staff, for any damages, losses, or injuries that may result Initial from my child's participation. By signing this release, I understand that I assume the risk of such participation and do so knowingly and willfully with respect to me and/or my child.

\_\_\_\_\_  
Initial

I hereby fully grant permission for my child to participate in the Ithaca YMCA Safety Around Water program, including audiovisual, photos, Initial videos, and other media, and permit the use for publicity, marketing, promotion, and advertising without any reimbursement or fee of any kind due me or my child. I give permission for my child's photo to be taken & used in a YMCA publication or video.

**WAIVER & RELEASE FORM:** In consideration of participation in any physical activity of the YMCA of Ithaca & Tompkins County, the undersigned hereby declares that he/she is aware of the physical risks inherent in engaging in exercise and/or physical activity. The participant is electing to voluntarily participate in physical activity while participating at the YMCA facility. I the undersigned, knowingly and intentionally assume all risk of injury that may be sustained to me in connection therewith, and hereby knowingly, freely, and voluntarily for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims of damages which I may have or which hereafter occur to me arising out of or connected with my participation at the YMCA. I do hereby hold free any and all liability of the Ithaca YMCA and its respective officers, employees, and members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to Alyson Murphy at [amurphy@ithacaymca.com](mailto:amurphy@ithacaymca.com)**

**YMCA of Ithaca & Tompkins County  
50 Graham Road West  
Ithaca, NY 14850  
(607) 257-0101**



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### **Accommodations for Children with Disabilities or Medical Needs**

The YMCA of Ithaca and Tompkins County strives to offer the best programming possible for all participants. If your child has a need for accommodation, please indicate that in the space below. The Y will do its best to provide the necessary support for your child's success in our program. For planning purposes, we ask that a request for accommodation be made in a reasonable amount of time prior to the start of the program.\*

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Program Child is Enrolled In: \_\_\_\_\_

Please let us know anything about your child that you feel would help us when working with your child.

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\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Date

\*In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, the YMCA of Ithaca and Tompkins County will not discriminate against any individual on the basis of disability. The YMCA will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. The YMCA will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services. The YMCA will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual's association with a person with a disability.