



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# DROWNING IS PREVENTABLE



## Naples Spier Family Splash Program

The Greater Naples YMCA presents the Spier Splash Program. Through the Splash program, first, second, and third graders are being offered a free! Learn-To-Swim session, focused on Drowning Prevention.

The Naples YMCA Spier Splash Program is an initiative that strives to improve water safety skills and give more children the opportunity to enjoy a lifetime of recreational swimming without the fear of danger. We've put over 200 kids through our program in our first year!

### PROGRAM INFORMATION:

- 3 weeks (Monday - Thursday)
- **Class times:** 3:00 pm, 3:30 pm, 4:00 pm, 4:30 pm
- **Age groups:** First, Second, and Third graders
- Naples YMCA After School participants will be escorted to and from program
- Lessons will be taught at the Naples YMCA by the Naples Swim School.
- Each child will receive an embroidered towel.
- Upon completion of the program, each child will also receive a **FREE!** bike and helmet from 'Bikes for Tykes'!

### REGISTRATION INFORMATION:

- Registration is ongoing
- Registration forms must be completed, signed and returned to a YMCA staff member

### CONTACT INFORMATION:

For more information on the Naples Spier Splash Program or to register, please contact:

Mike Egan, Director of Aquatics  
239.963.3762  
mjegan@greaternaplesymca.org

Jilian Navidonski, Naples Swim School  
239.591.0204  
jilian@naplesswimschool.org





## NAPLES SPIER SPLASH PROGRAM Greater Naples YMCA

**Child Name:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Gender:** M or F **Enrollment Date** \_\_\_\_\_

**Ethnicity:**  Asian  African American  Hispanic  Native American  Caucasian  Other

**Address:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Family Email Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Child Lives With** \_\_\_\_\_

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**Has your child had any swim lessons before:**  Yes  No

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**Custodial Parent/Guardian Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Custodial Parent/Guardian Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**2<sup>nd</sup> Custodial Parent/Guardian Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

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**Authorized to pick up child:**  Yes  No

**Email:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Other #** \_\_\_\_\_

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**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Please list any allergies, medications, dietary restrictions, or any other special concerns:**

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**Persons Authorized to pick-up my child (name other than parent):** (Must be 18 years of age or older) Child will not be released to others without written permission.

Name

Relationship to Child

Phone#

**Authorization for Emergency Treatment**

Medical Information: I give Permission for the staff of the Greater Naples YMCA to contact the following medical personnel to obtain emergency medical care if necessary:

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for the staff of the Naples YMCA to take whatever steps may be necessary for my child's medical care in the case of an emergency.

**Parent Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**YMCA Liability Release**

I give permission for my child to participate in the Naples Spier Splash Program. I understand that even when reasonable precaution is taken, accidents can sometimes happen. I hereby acknowledge that I am releasing the Greater Naples YMCA as well as its staff members and volunteers from all liability due to injury, loss, or damage, which may occur on the YMCA or granted property while my child participates in the activities of this program. By signing below I acknowledge that I have read and understand, and voluntarily agree to this authorization and release and that I have received information regarding compliance with State Regulations.

**Parent Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Information/Photography Release**

Please check the appropriate line in regards to YMCA staff photographing or video taping my child for YMCA promotional purposes (ads, brochures, newspapers, recruitment videos, ) or for onsite activity purposes.

\_\_\_\_\_ I do give the YMCA permission to take my child's picture/video tape for promotional purposes or onsite activities.

\_\_\_\_\_ I do not give the YMCA permission to take my child's picture/video tape for promotional purposes or onsite activities.

**Parent Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Parent/Guardian Consent for Greater Naples YMCA Spier Splash Program Transportation Service

This form shall serve as parent/guardian consent that \_\_\_\_\_ will be picked up from (school name) \_\_\_\_\_ by the Greater Naples YMCA in order to attend the on-campus Spier Splash program at:

Greater Naples YMCA  
5450 YMCA Rd.  
Naples, FL 34109

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

\* This form is to be completed and returned to be kept on file.



## Permission for Food-related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care must obtain written permission from parents/ guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ Give / decline permission for my child \_\_\_\_\_  
Parent/Guardian Circle One Child's Name

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

- \_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.
- \_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.
- \_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date