

Manhattan Youth

55 Warren Street

New York NY 10007

212-786-0455 (pool)

212-766-1104 (office)

Serving Lower Manhattan with programs for families

Senior Swim Registration & Consent Form

Name : _____

Address: _____ Apt # _____

City State _____ Zip _____

Day Phone _____ Evening Phone _____

I have consulted my doctor and he/she says that I am physically able to participate in a swim program run by Manhattan Youth. (Doctor need not sign, but you must sign below saying you spoke with doctor)

I realize that accidents happen during swimming. There are wet floors and a variety of incidents that can injure swimmers. I will not hold Manhattan Youth responsible in any way for accidents at the pool. I realize it is a community service.

Signed by Participant _____

Mail this form back to Manhattan Youth at the above address