



Swim Team Participant Information

2020/2021 Season

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

(Must be filled out completely prior to starting the program)

Child's Name: _____	DATE: _____
Child's Address: _____	
Date of Birth: _____	Age: _____ Male/ Female (please circle) 20/21 Grade Level _____

Mother/ Guardian Name (please circle one) _____
 Street Address _____
 Primary Phone _____ Work Phone _____ Employer _____
 Current Email Address: _____

Father/ Guardian Name (please circle one) _____
 Street Address _____
 Primary Phone _____ Work Phone _____ Employer _____
 Current Email Address: _____

The Y will only use your email for correspondence regarding Swim Team and related information.

ALL MEDICAL INFORMATION MUST BE FILLED OUT PRIOR TO STARTING

Health History (please check all that apply):

Asthma Seizures Allergies Diabetes Heart Problems Physical Limitations
 Please explain any checkmarks and any additional medical information or special requests:

Regular medications: _____
 Doctor's Name _____ Doctor's Phone _____
 Dentist Name _____ Dentist Phone _____
 Ins. Co. Name _____ Ins. Policy Number _____

Emergency Contact Information (if parent is unavailable) Provide 2 names with phone numbers

Name	Relationship	Home phone	Cell phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

_____(initial) In the event my child may require emergency medical, dental and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for treatment to the doctor/ hospital listed below his or her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

Permissions:

- I give my consent to let my child be photographed for the use of the YMCA to be used in newspapers, program flyers or other media Y N
- The YMCA staff has my permission to admit my child to a medical facility for emergency treatment or to give the necessary first aid if I cannot be reached.

 Parent / Guardian signature

 Date