



**Bath Area Family YMCA  
Long Reach Swim Club**



303 Centre Street, Bath, Maine 04530  
(207) 443-4112 fax: (207) 443-1079  
Website: [www.lrsc.org](http://www.lrsc.org) e-mail: lrsc@bathymca.org

**Competitive Swim Season 2020-2021**

**Registration Form must be completed each season**

First, Middle (**Required**), Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Our older swimmers often have their own e-mail address and cell phone number and our swim coach likes to have that contact information in case he needs to contact them directly.*

Child/Swimmer e-mail: \_\_\_\_\_

Child/Swimmer cell Phone: \_\_\_\_\_

Parent/guardian e-mail: \_\_\_\_\_

Parent/guardian cell Phone: \_\_\_\_\_

**Practice Group:**

**A1** \_\_\_\_\_ **A2** \_\_\_\_\_

**B1** \_\_\_\_\_ **B2** \_\_\_\_\_

**C1** \_\_\_\_\_ **C2** \_\_\_\_\_

**D** \_\_\_\_\_

**School Name** \_\_\_\_\_

**Parent Information:**

Mother/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency/3<sup>rd</sup> party contact (include phone#) \_\_\_\_\_

(Page 2 on back)

**Medical Information:**

Has the Participant ever been hospitalized? \_\_\_\_\_

If yes, Please

Describe: \_\_\_\_\_  
\_\_\_\_\_

Is the participant taking medication? \_\_\_\_\_ If yes, what: \_\_\_\_\_

Allergies? (hay fever, bee stings, asthma, etc.): \_\_\_\_\_

Is he/she sensitive to any medication? \_\_\_\_\_

In case of emergency I/my child may be treated at: \_\_\_\_\_

**Please indicate if your child has any dietary, physical, emotional or behavior concerns our staff should be aware of:**

**\*A VALID YMCA MEMBERSHIP IS REQUIRED BEFORE PARTICIPATION**

\*YMCA of the USA rules that govern competitive sports require that all athletes participating in sports that provide competition among YMCAs and at the state and national levels maintain a valid, non refundable YMCA membership during the season. The monthly EFT (draft) plan may be used for the membership fee.

I accept that I will be responsible for payment of the membership fee.

**Initial:**\_\_\_\_\_.

**Participant/Parent Authorization:** *The person described herein has permission to engage in all Aquatics activities. In the event I cannot be reached in an emergency, I give my permission to the physician selected by the YMCA staff to secure proper treatment for me/my child. I also give the YMCA permission to use photos taken of me or my child at the Y for public relations purposes.*

Parent or Participant Signature \_\_\_\_\_ Date \_\_\_\_\_