



# Bath Area Family YMCA Long Reach Swim Club

303 Centre Street, Bath, Maine 04530  
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Web site : [www.lrsc.org](http://www.lrsc.org) e-mail : lrsc@bathymca.org



## Competitive Winter Swim Season 2021-2022 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:** A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

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

### **Parent Information:**

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

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

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

**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, annual (year-long) nonrefundable YMCA membership. The monthly EFT (draft) plan may be used for the membership fee, **but the plan must be in effect for the full year.**

I understand that the YMCA of the USA Membership Rules for Competitive Sports means that I can not cancel my child’s membership at the end of the Fall/Winter swim season. In the event that I chose to cancel my child’s membership I accept that I will be responsible for the balance of the annual 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 \_\_\_\_\_