



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

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



## Snaildarter Club Winter 2022-2023

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

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

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

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

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

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

**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:**

**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 \_\_\_\_\_