



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 e-mail : lrsc@bathymca.org



Competitive Winter Swim Season 2022-2023 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/3rd 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 _____