



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BRANDYWINE YMCA SWIM TEAM 2011-2012 Swimmer Information & Release

Please fill out and return this form as part of your child's completed registration packet.

Swimmer's Name: _____ M _____ F _____

Swimmer's Birthdate: _____ **Home #:** _____

Address: _____

City: _____ **State:** PA **Zip:** _____ Mini Mini 4-day I 1 2 3 JR NTL

Ethnicity (Circle): African American, Asian, Caucasian, Hispanic, Native American, Other: _____ Decline

	Mother Name	Step-Parent	Father Name	Step-Parent
Name				
Cell #				
Work #				
Email				

Parent Jobs – All swim team parents are required to assist. Please check off the areas that you would be willing to help out in. Any required certification will be paid by the YMCA:

Level 1 or 2 Official Timer Scorer / Console Concessions set-up/take-down meets Parent Organization

Emergency Contacts-Persons Authorized To Pick Up Swimmer other than parent / guardian:

Name/Relationship to Swimmer: _____ Phone: _____

Name/Relationship to Swimmer: _____ Phone: _____

I/we, the undersigned, realize that there may be medical risks associated with physical exercise, use of this facility and/or equipment. I/we also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, use of YMCA facilities or equipment. I/we therefore assume all responsibility for having a thorough medical examination performed by a medical practitioner of my/our choice before participating in any programs, and prior to using YMCA facilities or equipment.

In consideration of my/our participation in YMCA of the Brandywine Valley activities, I/we do hereby agree to hold free from harm any and all liability the YMCA of the Brandywine Valley and its respective officers, employees and members, including, but no limited to, its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive release and forever discharge any and all right and claims for damages which I/we may have, or, which may hereafter accrue to me arising out or connected with my participation in any YMCA of the Brandywine YMCA activities, use of its facilities, or equipment. The YMCA is not responsible for lost or stolen property. I/we understand that my/our membership may be revoked if deemed necessary.

This registration / release grants permission to the coach or coaches to obtain medical/dental treatment for your child should an injury occurs while under the supervision of the coaches.

My signature below authorizes my permission as parent/guardian of _____, my child/a minor for whom I have legal custody, for the holder of this form to obtain medical or dental care for the above-named minor as needed in my absence from a recognized medical facility and/or a licensed physician or dentist.

Furthermore, recognizing the possibility of physical injury associated with swimming, my signature serves to release, discharge, and/or otherwise indemnify YMCA of the Brandywine Valley, its coaches, Board of Directors, and associated personnel of BCY against any claim by or on behalf of the above-named swimmer. This release shall be updated at the beginning of each winter season while the swimmer continues to practice and compete for the teams of the YMCA of the Brandywine Valley branches.

Physician & phone #: _____

Dentist & phone #: _____

Medicine child is taking & directions: _____

To aid us in maximizing the full potential of your child this season, please provide us with the following information:

Health History: Please check each box that applies

	Yes	Please describe		Yes	Please describe
Allergies			Bone or Joint problems		
Asthma			Fainting		
Skin problems			Heart problems		
Sinus problems			Diabetes		
Bee Sting Allergy			Tetanus Shot Date		

Social Behavior: Please check each box that applies

	Yes	Please describe		Yes	Please describe
Verbally active			Physically active		
High energy			Shy		
Learns differently			Doesn't like loud noises		
High need for structure			Easily distracted		
Needs more repetitions to learn things			Developmental disability		
Needs advance notice transitioning between activities					

Please explain detailed necessary treatment for any of the above checked items: _____

Does your child have an IEP or Behavioral Plan in place during the school year? If yes, please describe the reason for the IEP/Behavioral Plan: _____

Please Initial:

_____ I give permission for the YMCA of the Brandywine Valley to seek emergency treatment for my swimmer in my absence in the event of an emergency.

_____ Photo release: I/we agree to allow the YMCA of the Brandywine Valley to take photographs of those who are covered under this membership. I/we give the YMCA permission to use these photographs on the YMCA web site, and in YMCA promotional, educational and fundraising materials.

_____ I have read and received a copy of the 2010 Swim Team Handbook & will be responsible for the information herein.

Signature of Parent/Guardian: _____ Date: _____