

Orrville YMCA Swim Team Registration

Account Information:

Last Name: _____ # of Children in Account: _____

Primary Contact(s): _____ & _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Work Home Cell Ask for : _____

Evening Phone: _____

Parent e-mail: _____ New e-mail Already on list

Secondary Contact(s): _____ & _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Work Home Cell Ask for : _____

Evening Phone: _____

Part 1 - Emergency Medical Authorization:

If reasonable attempts were made to contact me (or my spouse/secondary contact) at the above phone numbers, I hereby give my consent for:

- (1) The administration of any treatment deemed necessary by the preferred physicians or dentists on the following form. In the event the designated preferred practitioners are not available, I/we give consent for the use of another licensed physician or dentist.
- (2) The transfer of the child to the preferred hospital or clinic listed on the attached page, or any hospital readily accessible.

This authorization does not cover major surgery, unless the medical opinions of another licensed physician or dentist is obtained before the surgery is performed.

Signature of Parent/Guardian: _____ Date: _____

Part 2 – Refusal of Consent (Do not complete if you've completed Part 1):

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring medical emergency treatment, I wish the Orrville YMCA to take no action, or to: _____

Signature of Parent/Guardian: _____ Date: _____

Part 3 – Family Authorization:

I authorize this form to be used for all children in this family account except where otherwise noted in the individual child's information.

Signature of Parent/Guardian: _____ Date: _____

Preferred Emergency Services:

This must be included to make Part 1 valid. This form will apply to all children in the family account unless otherwise requested in an individual child's information.

Preferred Physician:

Office Name: _____ Office Phone: _____

Dr. _____ or Dr. _____

Office Address: _____ City: _____

Preferred Dentist:

Office Name: _____ Office Phone: _____

Dr. _____ or Dr. _____

Office Address: _____ City: _____

Preferred Hospital:

Hospital Name: _____ Phone: _____

Hospital Address: _____ City: _____

Agreement:

1. I hereby certify that my child is in normal health and capable of safe participation in the sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program.
2. I support the YMCA Youth Super Sports philosophy, which is based on participation, fun, physical fitness and health, skill development and teamwork, fair play, family involvement, and volunteer leadership.

Waiver and Release:

I realize that the Swim Team is a vigorous physical activity that involves elements of the activity such as height, flight, and rotation of equipment and players, and rapid directional change. I understand that participation in the Swim Team involves certain inherent risks and regardless of the precautions taken by the Orrville/Dalton YMCA or the participants, some injuries may occur. Possible severe injuries include, but are not limited to: blindness, quadriplegia, and death. The likelihood of such injuries may be lessened by adhering to the safety rules.

I have fully read the foregoing document and the Orrville YMCA Swim Team Parent Handbook. I have had the opportunity to ask questions and have them answered. I am confident that I fully know, understand and appreciate the risks involved in active participation in the above sport. Having been informed of the above program to provide games for girls and boys, I, the parent of the named registrant, do hereby give my approval of his/her participation in any and all of the activities during the current session. I assume all risks and hazards incidental to the conduct of the activities, and I further release, absolve, indemnify and hold harmless the Orrville YMCA, the organizers, sponsors, supervisors, volunteers, officials and any related participants. In case of injury to my son/daughter, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed to them. I am voluntarily requesting permission for my son/daughter to participate.

Signature of Parent/Guardian: _____ Date: _____

Athlete Information:

Last: _____ First: _____ MI: _____

Birthdate: ___/___/_____ Age: _____ Male Female

Swimmer e-mail: _____ New e-mail Already on list

YMCA Membership #: _____ Expiration date: _____

T-Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL

Please list any medical information that we need to be aware of, including allergies, medications, etc. This information will be kept confidential and used only in case of an emergency.

Please use the following information rather than that on the main medial form for **this child only**.

Preferred Physician:

Office Name: _____ Office Phone: _____

Dr. _____ or Dr. _____

Office Address: _____ City: _____

Preferred Dentist:

Office Name: _____ Office Phone: _____

Dr. _____ or Dr. _____

Office Address: _____ City: _____

Preferred Hospital:

Hospital Name: _____ Phone: _____

Hospital Address: _____ City: _____

My child's best strokes are: Free Butterfly Breast Back

My child needs work on: Free Butterfly Breast Back

Orrville YMCA Swim Team Code of Honor:

I understand that it is an honor and a privilege to participate in and represent the **Orrville YMCA Swim Team**. Therefore, I agree at all times to conduct myself appropriately and honorably, both at the Orrville YMCA and when attending functions away from the Y.

As a member of the **Orrville YMCA Swim Team**:

- I agree to conduct myself in a mature, courteous, responsible and exemplary manner.
- I recognize that the reputation of the Y is affected by and dependent upon my conduct and behavior.

In order to facilitate a pleasant, healthy and safe experience for all participants, to foster team unity and spirit, and to enhance the reputation of the **Orrville YMCA Swim Team**:

- I will conform to all rules, regulations and procedures announced by the OYST (Orrville YMCA Swim Team) staff.
- I will compete and participate in all of the events assigned to me by the coaches to the best of my abilities.
- I will not in any endanger the safety of another participant.
- I will treat my teammates with the same dignity and respect that I would expect to get from my teammates.

I further acknowledge that the following conduct is unacceptable and will **NOT** be tolerated at either practices or swim meets:

- Roughhousing and/or horseplay on the pool deck, in the swimming pool or in the locker rooms of the YMCA.
- Use of profanity or inappropriate language.
- Inappropriate or unsupervised activities between teammates.
- Disrespectful behavior towards coaches, volunteers, parents or teammates.

I understand that failure to abide by the **Orrville YMCA Swim Team Code of Honor** may result in immediate disciplinary action including but not limited to the following:

- First violation – the swimmer will receive a warning.
- Second violation - the swimmer will be removed from the pool and a discussion with the parent about the behavior in question will ensue.
- If the swimmer continues to violate the Code of Honor, coaches may ban the swimmer from participation on the Swim Team until further notice.

I understand that the OYST coaches will use their best judgment in disciplining swim team participants should the need arise.

I pledge to abide by the Orrville YMCA Swim Team Code of Honor.

Orrville Swim Team Member's Signature

Orrville Swim Team Parent's Signature