

YMCA of McDonough County  
Dolphins Swim Team Application  
2019-2020 Season

Father/Legal Guardian

☐

Check if Primary Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother /Legal Guardian

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Check if Primary Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Note: ALL NOTIFICATIONS WILL BE BY EMAIL

**ALL** member families will receive a login/registration email from the Team Web Server. To receive emails each family **must** register/confirm their email using this service

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**SWIMMER(S) INFORMATION**

MUST BE A YMCA MEMBER

Last Name: _____	M.I. ____	First Name: _____
Birthday (mm/dd/yy): _____		Sex M / F
Last Name: _____	M.I. ____	First Name: _____
Birthday (mm/dd/yy): _____		Sex M / F
Last Name: _____	M.I. ____	First Name: _____
Birthday (mm/dd/yy): _____		Sex M / F

**Parent or legal guardian signature authorizing swimmer(s) participation:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Over



### Payment Information

- Swim Team Fees are due upon registration
- Please make checks payable to the YMCA of McDonough County.

**Option 1- Payment in Full:** I will pay all fees for swimmer(s). Due upon registration.

**Option 2-Payment Plan:** I would like to enroll in automatic deductions using my checking account or credit card (no Debit cards). Deduction dates are as follows:

- Payment 1: Due upon registration
- Payment 2: October 9, 2019
- Payment 3: November 9, 2019
- Payment 4: December 9, 2019

**Note:** Failure to make payments will result in your swimmer(s) being restricted from participating in all swim team activities (practices/meets/etc.) until appropriate payment is made

### Emergency Contact Information

**Nearest relative/friend (besides parents/legal guardians) who could be contacted in an emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Medical Information & Authorization

**Family Doctor(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Other Medical Information:** \_\_\_\_\_

**Is there a permission to treat form on file at MDH Emergency Room? (We would suggest doing it) Yes or No**

**Medical Authorization** The undersigned parent and/or guardian of child/children listed on previous page, who is a member of the YMCA McDonough County Dolphins Swim Team, hereby grants to the coaches/officers of said swim team the right to give authorization for the care and treatment of any bodily injury to said swimmer(s) while said swimmer(s) is swimming or traveling with the swim team. I understand the YMCA does not provide accident insurance. I assume all risks and hazards attendant to the use of the facilities, equipment, and/or participation in programs. I agree to hold harmless the YMCA of McDonough County, its staff and/or representatives. I assume responsibility for the transportation costs, should they occur, to the hospital emergency room.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Media and Use of Name Authorization

Volunteers on behalf of the YMCA McDonough County Dolphins Swim Team frequently take photographs of swimmers participating in their events and related activities and these swimmers and/or parents may be interviewed by TV, Radio, and Print media during events and activities. These may be used as part of press releases or media stories, as well as used in our publication ad on the internet for public relations purposes. It is the right of each individual or their guardian to determine whether or not his/her photograph and or name may be used. If you do NOT want you or your child's/children's picture or name used for the specific purpose stated above, you must inform the YMCA of McDonough County Swim Team volunteer, representative or Officer running each event. You are responsible from removing yourself or your child from any media equipment's line of sight or recording range, otherwise, it will be deemed that you have given your consent to participate or for your child/children to participate in the media activities set forth in this section.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_