



BARRICUDA FALL/WINTER SWIM TEAM

Youth 18 & under: MUST BE ABLE TO SWIM 25 YARDS.

Fill out form completely: **type or p-r-i-n-t legibly**

Participant's Name _____ Birthdate _____ - _____ - _____ Grade _____
Month Day Year

MALE FEMALE E-Mail Address _____

Street Address _____

Parent(s)/Guardian(s) _____
(Enter all parent(s)/legal guardian(s) names which apply)

Phone: Home _____ Cell _____ Work _____

Emergency Contact: _____ Phone: _____

Please list any medical needs and/or allergies your child may have which we should know about:

Fees for Session II: Nov. 28, 2011 – Feb. 3, 2012 Y Members: \$55.00
Non Y Members: \$85.00

Swimmers will need to pay USA Swim fees if they desire to swim in USA Swim meets.

FALL/WINTER PRACTICE SCHEDULE: MONDAY & WEDNESDAY 3:30 – 5:00 p.m., FRIDAY 10:15 – 11:30 a.m.

The Baker County Family YMCA will not deny participation in any of its youth programs because of an individual's lack of funds. Contact the YMCA/Sam-O Swim Center Front Desk Staff, Monday through Friday, 9:00 a.m. to 3:00 p.m. for information regarding limited, partial scholarship applications which should be turned in at least two weeks before the sign-up deadline.

WAIVER and AUTHORIZATION. On behalf of my child: I certify that my child is in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for my child. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my child's participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child's participation in the program. I give permission for pictures taken of my child(ren) to be used for YMCA promotional purposes. BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING.

Parent / Legal Guardian signature _____ Date _____

MAIL or BRING COMPLETED FORM and FEES TO

**Baker County Family YMCA
580 Baker Street
Baker City, OR 97814**

FOR OFFICE USE ONLY

Date: _____
Amount:\$ _____
Receipt#: _____
Staff Initials: _____

Forms may also be returned to: YMCA Fitness Center; 2021 Main Street

Phone: 523-YMCA (9622)