



West Side Family YMCA Mighty Marlins 2008 Summer Swim Team Registration

Member _____	Non-Member _____
Receipt # _____	

I. SWIMMER INFORMATION

Name of Swimmer: _____ Age: _____ DOB: ____/____/____

Years on swim team (including teams other than WSY): _____

In the past year have you swam with a USS swim team? YES NO If so, what team? _____

Parent's Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

T-Shirt Size: YS YM YL AS AM AL AXL

Participant's School: _____

Favorite Stroke: _____ Least Favorite Stroke: _____

II. PARENT VOLUNTEERS

The YMCA relies heavily on the generous support of volunteers to make each swim team season successful. Please be aware that every family will be **asked** and **expected** to volunteer with various duties throughout the season. Please check below the duties you would be most interested in volunteering for. (For a more detailed explanation of these volunteer positions, please see the "Parent Volunteer" handout included with the handbook.)

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Meet Organizer | <input type="checkbox"/> Lane Timer | <input type="checkbox"/> Ribbon Writer | <input type="checkbox"/> Stroke & Turn Judge* |
| <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Runner | <input type="checkbox"/> Clerk of Course | <input type="checkbox"/> Sorter |
| <input type="checkbox"/> Meet Referee* | <input type="checkbox"/> Finish Judge | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Equipment Set Up |
| <input type="checkbox"/> Starter* | <input type="checkbox"/> Jump Judge | <input type="checkbox"/> Relay Parent | <input type="checkbox"/> Equipment Take Down |
| <input type="checkbox"/> Head Timer | <input type="checkbox"/> Scorer | <input type="checkbox"/> Banquet Commit | |

I am available to volunteer in whatever position needed and am willing to learn what is necessary!

III. WAIVER / PROGRAM AGREEMENT

Parents must read, date, and sign in order for their child to participate in the West Side YMCA swim team.

I hereby certify that my child _____ is in normal health and capable of safely participating in the West Side YMCA's swim team program. I understand that swimming is a potentially dangerous sport that can result in injury, even under normal circumstances. I hold harmless the YMCA, any officer, volunteer or employee of the YMCA, and all involved in YMCA sports from liability for any harm that befalls my child as a result of participation in the swim team

I also understand that YMCA program fees are NON-REFUNDABLE. In certain, extenuating circumstances where a child is unable to participate in the registered program, a YMCA voucher may be offered on a case by case basis. However, I understand that the voucher or credit amount offered will be prorated to deduct any costs already incurred by the YMCA.

Furthermore, I offer permission for the YMCA to use any photographs taken of my child during participation in YMCA sports for marketing purposes.

Parents Name: _____ Signature: _____ Date: _____

