



**2009-2010 Jamestown YMCA Jets Swim Team Registration Form (continued)**

**Child's Medical Authorization:**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

List any medicine currently taking \_\_\_\_\_  
List any drug sensitivities / allergies \_\_\_\_\_  
List any mental/physical disabilities \_\_\_\_\_

**MEDICAL EMERGENCY INFORMATION:** PLEASE READ THE ALTERNATIVE STATEMENTS BELOW AND SIGN UNDER THE ONE THAT YOU CHOOSE. **PLEASE DO NOT SIGN MORE THAN ONE.**

1. If my child needs medical treatment while participating in activities of the Jamestown YMCA, it is my wish that treatment be started while efforts are being made to contact me so that treatment is not delayed. I consent to any medical procedure that the physician believes is needed, with the understanding that efforts to contact me will continue. I accept responsibility for all costs related to treatment/hospitalization.

**OR**

\_\_\_\_\_  
DATE SIGNATURE

2. If my child needs medical treatment while participating in activities of the Jamestown YMCA, it is my wish that I be contacted **before** any medical procedures are done on my child unless immediate treatment is necessary to save my child's life or prevent permanent injury.

\_\_\_\_\_  
DATE SIGNATURE

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**WAIVER  
YMCA PROGRAM RELEASE FOR PARTICIPANTS**

Participation in a youth swim team program involves certain risks. The Jamestown YMCA will not assume responsibility for any injury incurred while participating in any youth swim event.

Nor will the Jamestown YMCA be liable for lost or stolen items while members and/or program participants are using YMCA facilities or are on the YMCA premises.

I give permission for the YMCA, without obligation to me, to use any photographs, film footage, tape recordings that may include my and/or my child's image or voice for purposes of promoting or interpreting YMCA programs.

I, the undersigned for myself, my heirs and assigns, do hereby release the Jamestown YMCA and its branches, employees, and agents from any and all claims for injury, death, loss, or damage I may suffer as a result of my participation.

\_\_\_\_\_  
DATE SIGNATURE

**TRANSPORTATION OR FIELD TRIP PERMISSION**

My child has my permission to be transported by van or bus to and from any scheduled activity with the YMCA Youth Swim Team Program. He/she may participate in any field trip which may be scheduled and supervised by the YMCA staff and must be picked up on time. I also understand it is YMCA policy that my child(ren) cannot be transported in a coach's personal vehicle.

\_\_\_\_\_  
DATE SIGNATURE

List persons authorized to pick up your child: \_\_\_\_\_

**STAFF ONLY**

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Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Jets 0611-02301

Amount Paid \_\_\_\_\_ Staff \_\_\_\_\_

Membership type: Youth Family (Circle One)

*Completed forms must be placed in Aquatic Director's box*