



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y-Neptunes Season 2016-17 Registration and Medical Release Form

www.yneptune.com

Membership in the YMCA of Youngstown is required for all team members. This is a National YMCA Requirement. Season begins Monday, September 12. All team and membership dues must be received by October 14. Late registrations will not be accepted after Friday, November 11.

Please Use One Form Per Child

Participant's Name _____ Male _____ Female _____

Date of Birth ___/___/___ Age on December 1, 2016 _____ Shirt Size: _____ Adult / Youth (Circle One)

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Dad Cell: _____ Mom Cell: _____

*** The Youngstown Neptunes communicate via email and the web. We will register your email with our website so that you will be notified of important updates. **Please include everyone you would like to receive e-mails, including swimmers.** ***

E-mail: _____ Relationship: _____

E-mail: _____ Relationship: _____

E-mail: _____ Relationship: _____

E-mail: _____ Relationship: _____

In case of an emergency or injury and if the above parent's cannot be notified please contact:

Name _____ Relationship _____ Phone _____

Family Doctor _____ Phone _____

List all allergies, medications, physical impairments, or anything else of which the coach or physician should know.

1. I hereby give consent to the YMCA employees or swim coach to apply first aid treatment to my child until a family doctor can be contacted. YES _____ NO _____
2. In the event the designated practitioner is not available, I hereby give my consent to YMCA employees or swim coach to secure another licensed physician. YES _____ NO _____
3. I hereby give consent to the YMCA or swim coach to secure an ambulance to transfer my child to _____ hospital or any other hospital reasonably accessible. YES ___ NO ___

NOTE: This authorization **DOES NOT** cover major surgery unless the medical opinions of two other licensed physicians or dentists, concur in the necessity for such surgery.

I give my child permission to participate in Y-Neptune Swim Team. I understand that the YMCA does not cover accident insurance for members or program participants, and that I will need to cover my own medical expenses resulting from any injury incurred on or off YMCA premises. I have read and am voluntarily signing this authorization and release the YMCA from any responsibility for accident or injury. By signing this, I agree to follow the rules, the Code of Conduct, and the Code of Ethics as listed on the website and in the Parent Handbook.

I have received a parent handbook, and know how to find it on the website. _____ (initial)

Parent/Guardian Name _____ Signature _____

Amount _____ Receipt NO. _____ Date _____ 11-7701