



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y-Neptunes Season 2017-18 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 11. Late registrations will not be accepted after Friday, November 10.

Please Use One Form Per Child

Participant's Name _____ Male _____ Female _____
Date of Birth ____/____/____ Age on December 1, 2017 ____ Shirt Size: ____ Adult / Youth (Circle One)
Address _____
City _____ State _____ Zip _____
Home Phone: _____ Dad Cell: _____ Mom Cell: _____

*** The Youngstown Neptunes communicate via email, through the Remind App and the website. 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 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 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



RELEASE OF LIABILITY

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Young Men's Christian Association of Youngstown

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

I understand that the YMCA of Youngstown assumes no responsibility for injuries or illnesses which I, my spouse, or my minor children or any other person may sustain as a result of my/their physical condition, this membership, my/their use of any facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage, which may result from any of the foregoing. I hereby release and discharge the YMCA of Youngstown, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which I, my spouse, or minor children may suffer as a result of my/their physical condition, this membership, my/their use of any facility or participation in any activities. In the event, I, my spouse, my minor children bring any guest to any YMCA of Youngstown facility or activity, I also agree to be responsible for ensuring that such guests adhere to the rules and policies of the YMCA of Youngstown and to inform them that they assume liability for injuries, illness, death, loss or damage which may result from participation in any activities, programs, exercise or the use of any equipment.

I understand that the YMCA of Youngstown is not responsible for personal property lost or stolen while members and/or program participants are using YMCA of Youngstown or are on YMCA of Youngstown premises.

For my participation in activities to be conducted by the YMCA of Youngstown, I hereby give my permission and consent, now and for all time, to the YMCA of Youngstown and third parties collaborating with the YMCA of Youngstown to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Youngstown, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I agree that my consent and this release are irrevocable. I hereby release and discharge the YMCA of Youngstown and third parties collaborating with the YMCA of Youngstown from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Youngstown as described herein.

Signature

Printed Name

If Member is under 18:

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian

Printed Name

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For Office Use Only

Date: _____ Member ID: _____ Staff Initials: _____