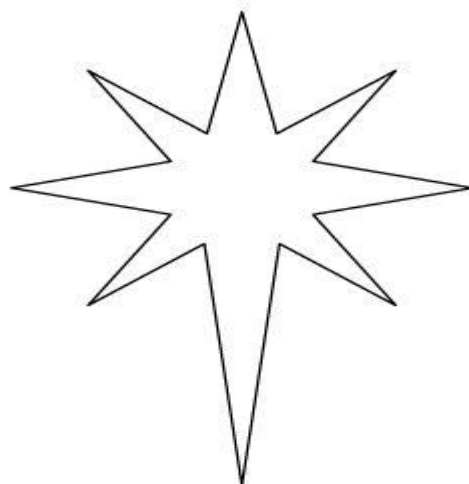




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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018-2019
Greater Valley YMCA
Bethlehem Stars
Swim Team
Registration Packet



Greater Valley YMCA, Bethlehem Branch
430 East Broad Street
Bethlehem, Pa 18018
610-867-7588 ext 114
vanessarex@gv-ymca.org

<http://www.gv-ymca.org/>



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2018 – 2019 Bethlehem YMCA Swim Team Registration Form

Today's Date: _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Alt. Phone: _____

E-mail Address: _____

Alt. E-mail Address: _____

Swim Team Directory

___ Yes, I want the following information included in the team directory (check all that applies):

- Swimmers' name and ages
- Parent's name
- Parent's address
- Phone number(s)
- E-mail address

___ No, I don't want any information listed in team directory.



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Greater Valley YMCA Swim Team Emergency Medical Form

Please print. All information must be completed.
This form must be completed at the time of registration.
Swimmers MAY NOT enter the water until this form is submitted.

Family's Last Name _____

Family Address _____

City _____ State _____ Zip _____

Parents/Legal Guardian

Mother _____ Father _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Swimmers' Name

1. _____ 2. _____

3. _____ 4. _____

Medical History – Allergies, medications, physical impairments or other relevant medical history.

Swimmer #1

Swimmer #2

Swimmer #3

Swimmer #4

To grant consent:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by a doctor and (2) the transfer of the swimmer to the nearest hospital.

Parent / Guardian Signature _____ Date _____

***If you refuse consent, a legal guardian must be present whenever the above swimmer(s) is attending a swim team function, including swim practice.

Parent / Guardian Signature _____ Date _____



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Greater Valley YMCA Swim Team Photo Release

PHOTO RELEASE FORM AND HOLD HARMLESS AGREEMENT

I _____ give the Greater Valley YMCA permission to use any photographs of me in advertising, marketing, brochures, newspapers, press releases, or other media pieces. I release the YMCA of Bethlehem from all responsibility by signing this hold harmless agreement,

I am over 18 years of age:

Signature

Signature of parent, if photo is of a minor child(ren)

Date: _____

Meet Fees/2nd Payment Fee

I _____ give the Greater Valley YMCA permission to draft any additional fees from the payment source listed below.

(Meet Fees, Swim Caps, T-Shirts, 2nd payment for registration, etc.)

Name on Card _____

Card Number _____

Expiration Date _____

Address Associated With Card _____

Signature _____

*** If you do not sign above all fees must be paid by the Thursday prior to meet or swimmer will not be eligible to swim.

Signature _____ Date _____



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For Office Use

1. Confirm Membership Expiration: _____
2. Registration Form Completed _____
3. Medical Form Completed, _____
4. Registration Fee Paid to the Y _____
5. Photo Release _____
6. Meet Fees/2nd payment _____

Method of the payment (circle one)

 Visa Discover American Express MC Check

Card Number _____

Expiration Date _____ Security Code (numbers on back of card) _____

Name on Card _____

Cash _____

Check # _____

Amount Paid: \$ _____

Date: _____

4. Volunteer Fee:
Check for \$100 made out to "Greater Valley United Swim Team" received (no later than Oct. 15th, 2018)

Check # _____

5. Buyout Check
Check for \$50 made out to the "Greater Valley United Swim Team" received (no later than Oct. 15th, 2018)

Check # _____

6. Name of Greater Valley employee processing this registration:



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