

Jeep Rogers YMCA Swordfish 2009

Summer Swim Team Registration Form

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Date of Birth _____ Age _____ Gender (circle) Male or Female

Home Phone _____ Parent's E-Mail _____

Home Address _____ City _____ State _____ Zip _____

Father's Name _____ Place of Employment _____ Work # _____ Cell Phone _____

Mother's Name _____ Place of Employment _____ Work # _____ Cell Phone _____

Emergency Contact _____ Relation to Youth _____ Phone _____

YMCA Member \$135 _____ Non-Member \$175 _____

Health Information

Health/Accident Insurance Company _____

Address of Insurance Company _____

Policy # _____ Policy Holder's Name _____

Health History: Check all conditions applicable and give details

<input type="checkbox"/> Frequent Strep Throat	<input type="checkbox"/> Chronic cough	<input type="checkbox"/> Athlete's Foot
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Past surgery
<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Blood transfusion
<input type="checkbox"/> Chronic constipation	<input type="checkbox"/> Heart disorder	<input type="checkbox"/> HIV virus
<input type="checkbox"/> Infectious mononucleosis	<input type="checkbox"/> Fainting	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Head Lice	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Asthma
<input type="checkbox"/> German measles	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Other		

Please give complete details on reverse of form. Has the child been evaluated or received treatment or counseling by a psychologist or physician for a nervous condition, emotional, or behavior problem, including hyperactivity? If so, please attach a separate sheet with details including any medication.

Allergic reactions (please detail): Insect Stings _____ Drugs _____ Plants _____

Food _____ Other _____ Any activity or dietary restrictions? _____

Any medication to be administered at facility? _____

Attach separate statement for any special concerns or information regarding your child's health or medical history.

Date of Last Tetanus Shot _____

**This application is made with the express understanding the YMCA is not responsible for any sickness or injury that the applicant may receive while in attendance at YMCA classes and programs, during transport to and from YMCA classes and programs, and that the YMCA reserves the right to reject any and all applications. Applicant agrees to hold the YMCA harmless against any and all damages due to sickness or injury occurring while the applicant is in attendance at YMCA classes and programs or during transport to/from said classes and programs. Also, I give permission for photographs to be taken of program participant during normal classes and program activities to be used in YMCA promotional materials without thought of remuneration.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Date: _____ Amt. Collected: _____ Staff Initials: _____