

Swim Group: _____ Start Date: _____ Payment @ Registration _____

Payment #2 \$ _____ Date _____

UCY Swim Team Information SPRING/SUMMER 2018

Swimmer Name _____

Swimmer DOB _____

Age (as of 6/1/2018) _____

Parent/Guardian Name _____

Parent/Guardian Cell # _____

Parent/Guardian email _____

Parent/Guardian Address _____

Allergies (list and describe symptoms) _____

Needed medications (epi pens/inhalers) _____

Any medical concerns _____

1. I hereby certify that my child is in normal health and capable of safe participation in the UCY Hurricanes Swim Team. I assume all risk(s) and hazards incidental to the conduct of this program and will provide transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) or emergency contact cannot be reached.
2. I support the YMCA youth sports philosophy, which is based on participation, fun physical fitness, health and leadership.
3. I give permission for my child to be photographed or videotaped for UCY Hurricanes Swim Team website, YMCA website, newspaper, television or any other form of media. Please circle one: YES or NO

I have read the UCY Hurricanes Spring/Summer outline and understand the contents. **YOU WILL need to register** and set up an account on our **TEAM WEBSITE:**

www.ucyhurricanes.com . This website is for communication and swim meet registration/sign up purposes only. **Ignore any monetary requests.**

Parent Signature _____ Date _____