



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# THE BANGOR REGION YMCA BARRACUDA SWIM TEAM

**We welcome all returning swimmers as well as any new swimmers looking to join a team! New swimmers will need to be assessed by the Swim Team Staff in order to be placed in the proper level prior to registration. FREE TRIAL PERIOD AVAILABLE.** For more information, please contact Head Coach Paul Monyok at pmonyok@bangorY.org.

To be a part of The Bangor Region YMCA Barracuda Swim Team, **every swimmer must currently have a Bangor Region YMCA membership** to be compliant with National YMCA's rules for competitive qualification.

**The Swim Team program fee is required to be paid in full at the time of registration.** For interested swim families, we do offer the option of a monthly electronic scheduled draft payment spread over the course of the season. (USA Swimming Registration is included in the program fee.) **Financial Assistance is available to those who qualify.**

**NOTE:** The YMCA is a non-profit organization. In the event that the participant quits the program, no refunds will be granted for money paid.

## 2020 FALL PROGRAM INFORMATION

New Swimmer

Returning Swimmer

Level: \_\_\_\_\_  
(To be completed by Swim Team Staff)

**September 21<sup>st</sup> - December 31<sup>st</sup>, 2020 Program Fees (USA Registration Fee of \$73 is included in price):**

Green	\$195	Amount Paid: _____	Gold	\$225	Amount Paid: _____
Bronze	\$225	Amount Paid: _____	Junior/Senior	\$300	Amount Paid: _____
Silver	\$225	Amount Paid: _____			

## SWIMMER'S INFORMATION (ALL FIELDS REQUIRED)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Swimmer's Nick Name (if any) \_\_\_\_\_ Gender  M  F  U

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Expected High School Graduation Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Entering \_\_\_\_\_

T-Shirt Size: Youth:  S  M  L Adult:  S  M  L  XL

## PARENT/GUARDIAN INFORMATION On File (If returning swimmer & no changes)

Parent/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_

## EMERGENCY CONTACTS On File (If returning swimmer & no changes)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

# SWIM TEAM REGISTRATION

## MEDICAL INFORMATION

Your child's safety is our #1 priority. Please provide as much detailed information as possible regarding special needs and medication.

Has participant been previously hospitalized?  Yes  No

If yes, please describe \_\_\_\_\_

Identify any medical or emotional illness or disorder that could affect the child's functional ability to participate safely:

Is the participant allergic to:  Medication  Food  None  Other \_\_\_\_\_

If yes, please explain & note if any medication is needed:

Does the participant have:  Asthma  Diabetes  Seizures  None  Other \_\_\_\_\_

If yes, please explain & note if any medication is needed:

## DOCTOR'S CONTACT INFORMATION

Physician's Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_

## BECOME A VOLUNTEER!

Parent/Guardian volunteers are an integral part to a successful swim season. Please check off the areas that you are interested in volunteering for:

Timer  Official  Concessions  Other \_\_\_\_\_

## PHOTO/VIDEO RELEASE

I approve the use of my child's photo or video for Bangor Region YMCA marketing purposes. I understand that my child's name will not be included without additional parent/guardian consent.

Yes  No Parent/Guardian Initials \_\_\_\_\_

## MEET FEES

Meet Fees are an additional cost and vary, depending on the event. Fees will be automatically applied to your swimmer's account when he/she signs up for meet and must be paid prior to the event. For your convenience, we can automatically draft your payment when the meet fee is applied to your account. Would you like us to draft the meet fees with the card on file?

- Yes, please automatically deduct the meet fees from the card on file. (Highly recommend)  
 No, I will come in and pay prior to the meet. (Unpaid fees may result in suspended services)

## AGREEMENT

I have read the Electronic Communication Policy (Texting, Email, and Request to Discontinue All Electronic Communications), Transportation/Travel Release, Medical Emergencies Waiver, Indemnification, and Photo/Video Release, and fully understand them, and sign the Agreement, personally and on behalf of my swimmer, as my own free act and deed.

Parent/Guardian must sign if individual is under the age of 18 years.

Swimmer's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_