



SUMTER FAMILY YMCA FLYING FISH WINTER SWIM TEAM 2021 - 2022

Swimmer Name: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____ Main Phone: (____) _____

Main E-Mail : _____

Guardian #1 Name _____

Cell Phone1: (____) _____

Guardian #2 Name _____

Cell Phone1: (____) _____

Emergency Contact #1 _____

Emergency Phone: (____) _____

Family Doctor _____

Office Phone (____) _____

Please list any necessary medical information: _____

Practice Dates: August 16 - March 31, 2022

Red Swim Level - Swim Evaluation Completed for this level

Practice Days / Time: Monday - Thursday 3:30 pm - 4:30 pm

Cost: \$60 Member / \$90 Potential Member

White Swim Level - Swim Evaluation Completed for this level

Practice Days / Time: Monday - Thursday 4:30 pm - 6:00 pm

Cost: \$72 Member / \$108 Potential Member

Blue Swim Level - Swim Evaluation Completed for this level

Practice Days / Time:

Monday - Thursday 4:30 pm - 6:00 pm & Friday 4:00 pm - 6:00 pm

Cost: \$88 Member / \$132 Potential Member

\$25 Registration Fee New Registration 2021 Registration Paid (fee waived)

Would you like to set up for **Auto Draft** **OR** **Monthly Self-Pay at the membership desk**

I understand that my saved payment information on file I will be auto drafted on the first of each month (initial) _____

I understand that if my monthly payment is not submitted by the 5th of each month a late fee will be applied (initial) _____

If Yes, please complete: Visa MasterCard Checking Account

Name on account: _____ Account ending in: _____ Exp: _____

Signature: _____

Swim Team Waivers

COVID-19 Participation

I agree that myself and my family will not use the YMCA facility or programming if:

- there has been close contact with a COVID-19 positive person.
- experiencing cough, shortness of breath or sore throat.
- had a recent loss of taste or smell.
- had a fever in the last 48 hours.

I (we) will not access the facility or participate in our programs until medically cleared.

Please understand that Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact and via surface contamination. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in the YMCA of Sumter programs or accessing the Sumter Family YMCA facilities could increase my risk of contracting COVID-19. The YMCA of Sumter in no way warrants that COVID-19 infection will not occur through participation in the YMCA programs or accessing the Sumter Family YMCA facilities.

I, the undersigned participant, and on behalf of myself, my family, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Sumter, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA of Sumter on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the YMCA of Sumter facilities and equipment or participation in the YMCA of Sumter programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Waiver of Liability

- I agree to support the YMCA mission by exhibiting the character values of honesty, respect, responsibility, caring and faith.
- I acknowledge that I am responsible for following all YMCA policies and agree to adhere to the YMCA Code of Conduct.
- I acknowledge that the YMCA is not responsible for all injuries to myself and/or my family.
- I acknowledge that the YMCA is not responsible for any damage or loss of personal property.
- I accept responsibility for maintaining adequate insurance for myself and my family.
- I assume all the risks and hazards incidental to conduct of the YMCA programs; I further release, absolve and hold harmless the Sumter Family YMCA, its directors, staff, agents and officers. In case of an injury to myself or my family, I hereby waive all claims against the above parties.
- I give the YMCA permission to reproduce for promotional purposes, photographs of me and/or my family during participation in YMCA activities or programs.
- I understand that system credits/refunds will be issued if the participant withdraws from the program prior to its first meeting less a \$15 administrative cost due to non-recoverable costs incurred in materials and arranging the program.
- Draft cancellation must be requested prior to the 25th of the previous month.

Signature: _____ Date: _____

Note: Parent/guardian or payer must sign if the applicant is under 18 years of age.

By signing the above, I understand that registered sex offenders are not eligible for membership or program participation and are not allowed on Y property or within premises of Y activities.

Staff Initials: _____