



# SUMTER FAMILY YMCA FLYING FISH

## SUMMER SWIM TEAM 2022

Athlete Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Athlete Preferred Name (Nickname): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

Guardian #1 Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian #2 Name \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation to Athlete: \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Please list any necessary medical information / medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Summer Practice Dates: May 2 - July 28, 2022

#### \$25 Registration Fee

#### Developmental Swim Level (Tue & Thur)

5/3 - 6/2 4:00 pm - 5:00 pm

6/7 - 7/28 8:00 am - 9:00 am

#### White Swim Level (Mon - Thur)

Cost: \$84 Member / \$126 Potential Member

5/2 - 6/2 5:00 pm - 6:30 pm

6/6 - 7/28 9:00 am - 10:30 am

#### Red Swim Level (Mon - Thur)

5/2 - 6/2 4:00 pm - 5:00 pm

6/6 - 7/28 8:00 am - 9:00 am

#### Blue Swim Level (Mon - Thur)

Cost: \$84 Member / \$126 Potential Member

5/2 - 6/2 5:00 pm - 6:30 pm

6/6 - 7/28 9:00 am - 10:30 am

#### **PAYMENT:** 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 the registration fee and deposits are non-refundable or transferrable
- System credits/refunds of 80% of the pro-rated fee based on the number of days attended will be given upon written request.
- 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: \_\_\_\_\_