



# **Mon Valley West YMCA Swim Team**

***NEW SWIMMER  
Fall/Winter 2011-2012  
Welcome and Registration Packet***

Please Note the Fall/Winter Season Requirements Listed in the Handbook and on the Program Fee Payment Form!



**FALL .WINTER 2011.12  
MON VALLEY WEST YMCA SWIM TEAM (MVWYST)  
REGISTRATION and MEDICAL INFORMATION FORM**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ (please print clearly!!)

**HOME PHONE:** \_\_\_\_\_ **BEST ALTERNATE PHONE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **FATHER'S WORK PHONE:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **MOTHER'S WORK PHONE:** \_\_\_\_\_

**WITH WHOM DO YOU RESIDE?** \_\_\_\_\_

.....  
*I hereby grant permission for my son/daughter to ride the team bus to MVWYST away meets.*

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**MEDICAL INSURANCE CARRIER:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PLEASE LIST ANY MEDICATION (S) YOUR CHILD TAKES REGULARLY OR ON AN "AS NEEDED" BASIS:** \_\_\_\_\_

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**PLEASE ADVISE OF ANY KNOWN MEDICAL PROBLEMS THAT MIGHT ARISE DURING SWIM PRACTICE OR COMPETITION:** \_\_\_\_\_

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*To the best of my knowledge, all of the preceding information is true and correct. If my child has any change in their health or medications, I will notify the coaching staff immediately.*

**MON VALLEY YMCA WEST SWIM TEAM  
(MVWYST) PROGRAM FEE PAYMENT FORM**

<b>FALL/WINTER 2011-2012 FEES</b>	<b>PROGRAM FEE</b>	<b>MEMBER FEE</b>	<b>FACILITY FEE</b>	<b>TOTAL</b>
Individual Swimmer <i>(September to March)</i>	\$ 190	\$ 130	\$ 10.00	\$ 330
2nd Child <i>(September to March)</i>	\$ 170	\$ 130	\$ 10.00	\$ 310
3rd <i>(or more) Child (September to March)</i>	\$ 150	\$ 130	\$ 10.00	\$ 290
Varsity High School Swimmer <i>(Starts September; then High School Season)</i>	\$ 65	\$ 130	\$ 10.00	\$ 205
Middle School/Fall Sport Swimmer <i>(Starts November 1 or after fall season)</i>	\$ 115	\$ 130	\$ 10.00	\$ 255

**PLEASE NOTE THAT ONLY ONE DISCOUNT APPLIES!!!**

**SWIMMER NAME** \_\_\_\_\_

**1 YEAR YMCA MEMBERSHIP EXPIRES** \_\_\_\_\_

<b>MON VALLEY YMCA SWIM TEAM</b>	
<b>PROGRAM FEE AND MEMBER FEE PAYMENT INFORMATION</b>	
<b>(Checks Payable to: MON VALLEY YMCA WEST SWIM TEAM)</b>	
<i>(Payable 1/2 upon start; 1/2 by 10/31/11 - negotiable if necessary!)</i>	
Individual Swimmer	
2nd Child	
3rd (or more) Child	
Varsity High School Swimmer	
Middle School/Fall Sport Swimmer	
<b>TOTAL</b>	

**INITIAL PAYMENT - due first week of swimming**

\_\_\_\_\_ DATE PAID  
 \_\_\_\_\_ AMOUNT PAID  
 \_\_\_\_\_ CHECK NUMBER

**2ND PAYMENT - due 10/31/11 (negotiable if necessary!)**

\_\_\_\_\_ DATE PAID  
 \_\_\_\_\_ AMOUNT PAID  
 \_\_\_\_\_ CHECK NUMBER

**FALL/WINTER SEASON ATTENDANCE REQUIREMENTS!**

**\* PLEASE NOTE THAT ATTENDANCE AT THE DUAL MEETS IS REQUIRED FOR ALL SWIMMERS UNLESS SPECIAL CIRCUMSTANCES ARE REVIEWED AND APPROVED BY THE COACH.**

**\* PLEASE NOTE THAT ATTENDANCE AT ONE CHAMPIONSHIP MEET IS REQUIRED FOR ALL SWIMMERS (B CHAMPIONSHIPS, DISTRICTS OR NOVICE CHAMPIONSHIPS).**

**Further Information is available in the MVWYST handbook....**

I agree to the payment terms above....  
 PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# MEMBERSHIP



# APPLICATION

## APPLICANT:

DATE: \_\_\_\_\_

NAME:

LAST \_\_\_\_\_

FIRST \_\_\_\_\_

ADDRESS:

STREET/PO BOX # \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

SEX: M \_\_\_\_\_ F \_\_\_\_\_

MARIATAL STATUS: S \_\_\_\_\_ M \_\_\_\_\_

APPLICANT'S EMPLOYER/SCHOOL: \_\_\_\_\_

PHONE: \_\_\_\_\_

SPOUSE'S EMPLOYER/SCHOOL: \_\_\_\_\_

PHONE: \_\_\_\_\_

COLLEGE STUDENT-EXPECTED DATE OF GRADUATION: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAME OF PARENT OR GUARDIAN IF

APPLICANT IS UNDER 18 YEARS OF AGE: NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

### FOR A FAMILY MEMBERSHIP PLEASE FILL IN THE FOLLOWING INFORMATION

FAMILY MEMBER	SEX	AGE	BIRTH DATE	RELATIONSHIP	COLLEGE
1					
2					
3					
4					
5					
6					

WHY ARE YOU JOINING THE YMCA? \_\_\_\_\_

WOULD YOU LIKE TO BE A YMCA VOLUNTEER (Y/N)? \_\_\_\_\_

IN WHAT AREA? \_\_\_\_\_

WOULD YOU LIKE TO BE A YMCA INSTRUCTOR (Y/N)? \_\_\_\_\_

WHAT DEPARTMENT? \_\_\_\_\_

### OFFICE USE ONLY PLEASE

		FORMS		DATE PAID:	
MEMBERSHIP TYPE:		MEMBERSHIP CARD/ID#		TOTAL DUE:	
MEMBERSHIP NUMBER:		EC AUTHORIZATION FORM		AMOUNT PAID:	
EFFECTIVE DATE:		GIFT CERTIFICATE		BALANCE DUE:	
EXPIRATION DATE:		PAYMENT PLAN AGREEMENT		RECEIPT #:	
COMPUTER: CCC	QA	MEDICAL/WAIVER			

**MON VALLEY YMCA MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERRABLE**

# MEDICAL HISTORY



# AND WAIVER

**Do you now or have you in the past had any of the following?**

Heart Disease?	Yes _____	No _____
High Blood Pressure?	Yes _____	No _____
Diabetes?	Yes _____	No _____
Cancer?	Yes _____	No _____
Stroke?	Yes _____	No _____

**Other serious conditions? (specify)**

\_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, for what reason?

\_\_\_\_\_

Please List Medications

\_\_\_\_\_

Do You Smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any serious operations or injuries that may restrict you during exercising:

\_\_\_\_\_

Approximate Date of Last Physical Exam:

\_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**THE ABOVE INFORMATION WILL BE USED ONLY IN CASE OF AN EMERGENCY AND WILL BE KEPT CONFIDENTIAL**

While participating in programs of Mon Valley YMCA, I agree to abide by the Mon Valley YMCA rules and regulations. I will not abuse the facility, equipment, or guest policy. I will treat the Mon Valley YMCA Staff and other members/guests with respect.

I am aware the Mon Valley YMCA has no physical therapist or physician on staff. If using the facilities for medical reasons, I will use them under the guidance of my own private physician and/or therapist and will act within their guidelines.

I, the undersigned, do hereby release and hold harmless the Mon Valley YMCA, the Canon McMillan and Trinity Area School Districts, and any of its departments, officers, and employees from any and all claims and causes of action for personal injury arising or growing out of the activities in which I am participating. I, the undersigned, further agree to indemnify and hold the Mon Valley YMCA harmless from any and all injuries, damages, causes of action or claims asserted by their persons against the undersigned or the YMCA. The indemnification shall include costs of suit or other costs associated with defending a claim including reasonable attorney's fees.

NAME (Print): \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET/PO BOX # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ ALTERNATE OR MOBILE #: \_\_\_\_\_

DATE: \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (UNLESS OVER 18 YEARS OLD) \_\_\_\_\_

# AFFIDAVIT



I/We the undersigned, as parent(s) and/or legal guardian(s) of \_\_\_\_\_ (swimmer) do hereby authorize

Steve Leonardi

Coach

Coach

to grant permission for the performance of accepted medical procedures and diagnostic tests that may be ordered by a duly licensed physician or his designated assistant. This includes authorization to permit the performance of laboratory procedures as ordered and, further, the performance of X-ray studies under the supervision of the hospital radiologist.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Address/City/State/Zip)

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

## **MON VALLEY YMCA - WAIVER RELEASE FORM**

We, the undersigned, give our child \_\_\_\_\_ permission to participate in the MON VALLEY YMCA and MON VALLEY WEST YMCA SWIM TEAM. We do hereby release and hold harmless the Mon Valley YMCA, the Canon McMillan and Trinity Area School Districts, and any of its departments, officers, and employees from any and all claims and causes of action for personal injury arising or growing out of the activities in which I am participating. I, the undersigned, further agree to indemnify and hold the Mon Valley YMCA harmless from any and all injuries, damages, causes of action or claims asserted by their persons against the undersigned or the YMCA. The indemnification shall include costs of suit or other costs associated with defending a claim including reasonable attorney's fees.

\_\_\_\_\_ Date

1 \_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_ Date

2 \_\_\_\_\_  
Signature of Parent or Guardian

# **Mon Valley WEST YMCA Swim Team COMMUNICATION!**

**A "HOW TO" GUIDE TO FIND OUT WHAT IS GOING ON WITH YOUR TEAM!**



- ❑ **Check our website! [www.wyst.org](http://www.wyst.org)**
- ❑ **Check your email frequently!!**  
*(If you did not give us your email address, please do so!)*
- ❑ **Check our bulletin boards at each pool location!!**
- ❑ **Check the dry erase board at each pool location!!**
- ❑ **Check the calendar at each pool location!!**
- ❑ **Talk to your swimmer! Coach Steve talks to all the kids each day at practice...ask your swimmer what he talked about! Call Coach Steve with any questions....724-222-2730 (h) or 724-263-6279 (cell).**
- ❑ **Talk to the Coaches....they are on deck at each practice....if you have a question, see them before or after practice!**
- ❑ **Attend the Parent Meetings! The dates and times will be posted on the website, via email and on the bulletin board.**
- ❑ **Email to [info@wyst.org](mailto:info@wyst.org)**