

**Bloomsburg Area YMCA Swim Team
Fall/Winter 2011-2012
Registration Form**

Swimmer's Name: _____ Sex: male___ female___

Date of Birth: _____ Age as of 12/1/2011: _____

Swimming Experience: Recreational_____ Competitive _____

Physical/medical concerns and/or learning disabilities:

Parent/Guardian Name(s) _____

Address _____ City _____ Zip _____

Phone #: Home _____ Cell/Mother _____ Cell/Father _____

E-Mail Address: _____

Waiver of Responsibilities

In consideration of this entry to the Bloomsburg Area YMCA (referred to as YMCA) program listed above. I waive all claims for myself and for the participant(s) listed above for any injuries or illness which may result from participation, including any transportation provided by the YMCA, its staff or agents. I further state that I (and/or the above participant(s)) am in proper physical condition to participate in this program. In the event that there is a question regarding my physical condition or the physical condition of the participant(s), a physician will be consulted to review the situation prior to any participation. I also give my permission to the YMCA to use my name and/or picture (including the participant(s)) without compensation.

Parent/Guardian Signature _____ Date: _____

For Office Use only

Under 8 - \$250.00 8/10 - \$315.00 11& up - \$375.00 High School - \$225.00

Age Group _____ family discount 10 % for 2nd/3rd child

Discount _____

Subtotal _____

Y Membership _____ Membership type _____ Exp. Date _____

Total _____

Payment _____ Payment type: Ck# _____ Cash _____ Credit: V MC

Balance _____

Shirt Size: S _____ M _____ L _____ XL _____

BAY BARRACUDAS- PARENT VOLUNTEER LIST 2011/2012

Name (s) _____ Phone _____

Special Note: All families are expected to help at meets on a rotating basis.

Please write your preference for concessions stand/officiating responsibilities.

Concession

_____ Check if you prefer to work concession stand on a rotating basis.

Timing/Officiating

_____ Check here if you prefer to time/officiate on a rotating basis. If you have any preference for the following job(s) please circle: Timer/ Place Judge/ Stroke-turn Judge/ Starter/ Referees/ Scorer/ Announcer/ Other _____

Any special considerations? _____

Other volunteer activity _____

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If you are interested in helping with the following groups, please indicate first and second choice below:

_____ 12th Annual Swim Your Own Age Meet (planning and behind the scenes preparation for this invitational)

_____ Deck Help (help schedule and officials for swim meets)

_____ Banquet (pre-planning and setting up of site)

_____ Team Fundraising

_____ Hospitality (plan and implement "fun get-togethers" for swimmers outside of practice and meets) Please indicate which age group(s) events you would like to help with _____ 8&U _____ 10&U _____ 12&U _____ 13 & U

Do you have any special talent or talent you can share? _____

PLEASE BRING THIS FORM WITH YOU TO REGISTRATION