

YMCA of Martha's Vineyard Registration Form for Special Olympics

Participant's Name: _____ D.O.B _____ Gender _____

Parent's Name: _____ D.O.B _____ Gender _____

Mailing Address: _____ Town _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Membership Type: Member Non-member
(circle one)

Emergency Contact Name _____ Phone # _____

About this program: Please understand that this is not a Learn to Swim class, this program is for swimmers whom can swim at least one length of the pool, 25 yards, successfully and are comfortable in deep water on their own. If the participant has not yet reached this level of swimming they can ask the staff about alternative options or must be accompanied by an adult in the water. Please note that this in water accompaniment of non-swimmers is not provided by the YMCA. Thank you for your understanding. Minimum age of 8 to participate.

Practice participant will attend (circle one or both):

Wednesday 3:45-4:15pm

Friday 1:15-2:00pm

Are there any major medical conditions that coaches should be aware of that could result in an emergency situation in which EMS would need to be called (explain below)? YES NO

Please also write in here an additional information you would like coaches to know:

In consideration of participating in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility.

Signature: _____ **Date:** _____