QUINCY YMCA SWIM TEAM

PARENT AGREEMENT FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Parent – PRINT) (Name of swim team participant - PRINT)

agree to the following below:

* That I will purchase a membership (Family or Single Parent Family Membership) and maintain paying the required membership dues during the entire time my child is on swim team.
* That I will pay monthly dues for swim team program participation required by YMCA and I will do so by the 15th of every month.
* That I, and my swim team participant, will follow all YMCA policies and procedures at the YMCA facility or Quincy University.
* That I, and my swim team participant, will follow all rules required by the administration at Quincy University while using their facility.
* That I understand that YMCA is responsible for the hiring, supervision, and dismissal of any and all swim team coaches.
* That I will provide my own and my child’s transportation and lodging to/from/at swim meets and pay for my child’s swim meet fees at my own expense.
* That I understand fees MUST be paid prior to my child swimming in meets which require fees. If I have an outstanding balance of $150 or more for a period of 60 days, my child cannot be registered for meets until balance is paid.
* I further understand that if I, or my swim team participant, fails to abide by and follow the above points, that it may/will lead to suspension and/or termination from the YMCA swim team program.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature of parent or legal guardian)

Coaches Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS PLEDGE

Thank you for participating in the Quincy Family YMCA Aquatics Department that has claimed such a vital role in this community. Our department philosophy and mission of providing a Christian environment not only strengthens the family, but helps to build strong minds, healthy bodies, and the spirituality of the child. Family involvement is one of the key components of the YMCA Aquatic Department’s success. To meet our mission, it is important that adults model a positive behavior that our youth can learn from through the sport of swimming. With that in mind, we ask parents and other responsible adults to participate and support the following pledge:

* Show respect and support the officials, coaches, and the opposing teams – modeling the conduct that we expect of our children.
* Attend meets, fundraisers, and special events whenever possible.
* Spend time with your children, practicing fundamentals and attitudes developed during practices and meets.
* Spend time with your children, listening, praising, and talking about their accomplishments and feelings.
* Volunteer to help with the program, meets, or where ever needed.
* Read and discuss printed materials that are provided by the YMCA.

A young person’s development, personality, and self-esteem are all very delicate and fragile. The responsibility lies upon all adults that come in contact with this young person’s lives to influence and leave a lasting impression.

LET’S HOPE THAT THE IMPRESSION IS A LASTING ONE FOR LIFE!

The YMCA has established four character development words that exemplify the mission of the YMCA:

 CARING – Be gracious in victory as well as in defeat.

 HONESTY – Observe the spirit and mission of this organization and department.

 RESPECT – Acknowledge good efforts by opponents, officials, and teammates.

 RESPONSIBILITY – Take charge of your actions and words.

I understand, acknowledge, and support the philosophy and mission of the Quincy Family YMCA Aquatics Department:

Parents Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address (for newsletters and information): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name you are representing (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Group Level (Blue, Green, Red, Yellow): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coaches Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QFY Swim Team Contact and Consent Forms**

|  |  |
| --- | --- |
|  | Swimmer  |
| Last Name |  |
| Legal First and Middle |  |
| Preferred First |  |
| Middle Name |  |
| Birth Date |  |
| Gender |  |
| Practice Group |  |
| Relevant Health History/ Allergies |  |
| Medication |  |

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have verified that the information on this form is up to date, and I will keep the team updated with any changes hereafter.

I understand that registration must be completed with the YMCA and all outstanding fees must be paid before my child begins practicing with the team. I understand that failure to submit the necessary monies, as outlined on the parent agreement form, may result in my child being withheld from participation at practices and/or swim meets until outstanding balances are paid.

I will support the YMCA mission, team mission, and all team policies, as outlined in the Team Handbook. I will be cooperative with the coaching staff and will be patient and encouraging with my child.

I will stay informed of team events and schedules by checking my e-mail and the website on a regular basis. If I do not have Internet access, I will inform the coach.

I understand that the Quincy Family YMCA does not cover health and medical expenses, and I agree to pay any that may occur. I understand that the YMCA is not responsible for lost, damaged, or stolen articles. I agree to waive any claims against the Quincy Family YMCA, its members, staff, and volunteers for injuries or damages that may result from the conduct from other persons, including participants in the YMCA program.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDIA RELEASE FORM

Please check one:

I GIVE my permission to the Quincy Family YMCA to use photos, videos, voice and image recordings of my child both in print and on the internet for the purposes of promoting Quincy Family YMCA programs and services including, but not limited to, the Quincy Family Dolphins Swim team. I give my permission to the Quincy Family YMCA to use information on my child that the administration at the Quincy Family YMCA deems appropriate for articles, newsletters, brochures, displays, the website or other media outlets provided that I may review the material before it is sent to the media for publication. These media services may be done by the Quincy Family YMCA or an outside group that the Quincy Family YMCA has agreed to work with for the publicity of their programs. This media release is ONLY valid at the Quincy Family YMCA located in Quincy, Illinois and may not be used for any other purpose. I may cancel this agreement at any time.



I DO NOT give my permission to the Quincy Family YMCA to use photos, videos, voice and image recordings of my child.

Athlete Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*This form will expire August 31, 2018.\*\*\***