New Swimmer Clinic REGISTRATION FORM

SEPARATE FORM REQUIRED FOR EACH SWIMMER, but you may write one check payable to "RAYS Team Inc." for your entire family.

Name:_____

(Last) (Legal First) (Middle Initial) (Nickname)

Date of Birth:____/____/____ **Age**:_____ **Sex**:___M / F___(Circle one)

Address:_____

(Street Address) (City) (State) (Zip)

Home Phone: (____)_____

Family Email:_____

Parent Name:_____ **Relationship**:_____ **Work Phone**: (___)_____

Parent Name:_____ **Relationship**:_____ **Work Phone**: (___)_____

Emergency Contact (Other Than Parent) **Name**:_____ **Phone**: (___)_____

Known Medical Problems/Restrictions:_____

Doctor's Name:_____ **Phone**:(___)_____ **Preferred Hospital**:_____

I hereby give permission for emergency medical treatment of my child and will be responsible for payment of bills.

As parent/legal guardian, and in consideration of acceptance of membership in the RAYS Team Inc. (RAYS), I hereby, for myself, my child, heirs, administrators and assigns, waive and release any and all claims against the RAYS for injuries and expenses incurred by my child or myself at swim practices, swim meets, or on the road to/from said meets.

Parent/Guardian Signature:_____ **Date**:_____

I understand that the YMCA of Greater Grand Rapids and RAYS, Inc assumes no responsibility for injuries or illnesses that I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, and the use of any equipment, exercise or other activities. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result from my participation in these activities. In consideration of the privilege of participating at the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids and RAYS, Inc, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Grand Rapids and RAYS, Inc is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises or other facilities contracted for YMCA programming. I understand that no accident or medical insurance is provided with this membership. I give permission to the YMCA of Greater Grand Rapids and RAYS, Inc to use without limitation or obligation, photographs, film footage, or tape recordings that may include my image or voice for purposes of promoting or interpreting YMCA programs.

Acceptance
I acknowledge the waiver and accept the conditions of participating set forth above.

Signature:_____

☐ New Swimmer Clinic
4/16/18-4/19/18 5:30-6:20PM @ Mary Free Bed YMCA

Clinics are $25 per swimmer per clinic.

You may mail forms to RAYS at 5500 Burton SE, Grand Rapids, MI 49546

--- For office use only ---

☐ Payment received: check/cash _____/ #_____