

**GCY Training Trip
Cocoa Beach, Florida Dec.28-Jan.3**

This travel trip is high intensity training and is targeted towards our Senior Prep, Senior, and all National level groups – all swimmers should be competing regularly in practices and meets.

Participant Information

Last Name: _____ First Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____

Participating Siblings

Last Name: _____ First Name: _____
Last Name: _____ First Name: _____
Last Name: _____ First Name: _____

Participating Chaperones

Last Name: _____ First Name: _____
Last Name: _____ First Name: _____

Emergency Contact Information

Emer. Contact (Primary): _____ Phone#: _____ Relation: _____
Emer. Contact (Secondary): _____ Phone#: _____ Relation: _____

***Fees and Deposits**

_____ \$125 – Full Participant Deposit (multiply by number of participants on form)
_____ \$400- Full Participant Fee (minimum age is 12)
_____ Total Deposit/Fees at sign-up on or before November 15th or until spaces fill
_____ Remaining Amount Due by December 15th

*DEPOSITS and FEES are non-refundable unless trip is cancelled by the GCY Swim Team

Please list any allergies or medications and administration instructions:

CCC Codes for office use only:

Full Participant \$400 fee /\$125 deposit: OCT16 04STCOCOAFUL

RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) GENERAL RELEASE: I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decided to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA

activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Applicant or Parent/Legal Guardian Signature

Date

GCY Travel Release

Travel Release & Waiver

I give permission for my child, _____, to travel with the Greensboro Community YMCA Swim Team. Recognizing that some risk may be involved in traveling with the Greensboro Community YMCA Swim Team, the undersigned hereby releases the Greensboro Community YMCA Swim Team, its staff, directors and agents from all risks involved in this activity, and from all claims arising from participation in this activity. I further state that I maintain current medical and/or accident insurance coverage as follows:

Policy Holder _____ Policy Number _____

Name of Insurance Company _____

Authorization of Consent to Medical Care for Minor

I, _____, of _____ County, State of _____, am the custodial parent having legal custody of _____, a minor child, age _____, born on _____.

I authorize the coaches of the Greensboro Community YMCA Swim Team and parent chaperones, adults in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the medical care of the minor child, including, but not limited to, the power to provide for such care at any hospital or other institution, or the employing of any physician, dentist, nurse or other person whose services may be needed for such care. I consent to and authorize any medical care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists and other medical personnel except for the withholding or withdrawal of life-sustaining procedures. I hereby release the Greensboro Community YMCA Swim Team and its directors and/or other agents from any liability for such needed care. I indemnify and hold blameless the Greensboro Community YMCA Swim Team, its directors, and other agents for the cost of any such needed care. I consent to the administration of over-the-counter medications such as Tylenol, Advil and Tums or their generic equivalent to the minor child by the coach or parent chaperone. I state that the minor child is not allergic to such medications unless noted on the Medical Information form.

By signing below, I indicate that I have the understanding and capacity to make medical decisions for the minor child and that I am fully informed as to the contents of this document and understand the full import of this granting of powers to the agents named herein.

Parent/Guardian Signature _____ **Date** _____

Witnessed by: _____