**PUTNAM COUNTY YMCA SWIM TEAM REGISTRATION FORM**

Name Birth date Age (as of 12/01/17)

Address Phone number

Parent’s Name Email address

CONSENT FOR EMERGENCY TREATMENT

We the parents of give permission for medical treatment of our child for illness of accident if we cannot be contacted.

\*Parent/ Guardian signature

Does your child have allergies or require special medications? YES NO

Please explain

Emergency Contact Person (other than parent)

Name

Phone Number

We hereby agree that the Putnam County YMCA Swim Team, its members, coaches, or officers shall not be liable for any injury or loss which my child/ children may substain while participating in activities of any kinds, whether sponsored by or under supervision of the Putnam County YMCA Swim Team, its members, coaches, officers or designates of any kinds from claim whatsoever.

Parent Guardian Signature Date

**TERMS OF THE PUTNAM COUNTY YMCA SWIM TEAM**

We hereby agree that any inappropriate behavior by the swimmer, such as name calling, hitting, biting, disrespecting coaches or another swimmer, will result in consequences. The coach will give the swimmer 2 verbal warnings before being dismissed for the rest of that days’ practice. If inappropriate behavior continues, other discipline actions will be considered.

Parent/ Guardian Signature Date

We hereby agree that the full payment is due by December 31, 2017. We agree that if we have not completed payment by the above date, the swimmer(s) will no longer be able to participate in the program until payment is received.

Parent/ Guardian Signature Date