



Anderson YMCA Makos



Team Registration Form

*ALL ATHLETES MUST BE YMCA MEMBERS!

*A swim assessment **MUST** be done prior to joining the Makos swim team.

*There is a non-refundable \$55 annual registration fee due at time of registration (\$25 if joining in Season 2)

Swimmer Information

Last Name: _____ First Name: _____ MI _____

Birthday: ____/____/____ Circle: Male / Female Returning Swimmer: Y N

T-Shirt size _____ Additional T-Shirts @ \$15per –size _____

Does your child have any medical conditions that we should be made aware?

Teams and Program Fees

Swimming Groups:	Annual (Sept-July)	*Season 1 (Sept-March)	*Season 2 (April-July)	Monthly
<input type="radio"/> Blue 1/2	\$495	\$332	\$190	\$50
<input type="radio"/> Yellow	\$544	\$365	\$209	\$55
<input type="radio"/> Bronze	\$643	\$432	\$247	\$65
<input type="radio"/> Silver	\$742	\$498	\$285	\$75
<input type="radio"/> Gold	\$841	\$565	\$323	\$85
<input type="radio"/> Platinum	\$841	\$565	\$323	\$85

Swim Year is made up of two seasons (Winter and Summer)

All athletes will be registered as USA swimming members

We must have a copy of your child’s birth certificate.

**Annual and Season 1 Payments must be paid by
September 16th.**

For descriptions of training groups, prerequisites and practice times please visit our Makos website

www.andersonmakos.com

Medical Release Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **Anderson Area YMCA Makos** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Anderson Area YMCA Makos, USA Swimming, South Carolina Swimming** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Anderson Area YMCA Makos** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

Liability/Release Waiver

By registering my child(ren) with the **Anderson Area YMCA Makos**, I agree to participate (or allow my child(ren) and family members to participate) in the **Anderson Area YMCA Makos**, and hereby release **USA Swimming, SC Swimming, Anderson Area YMCA Makos**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Anderson Area YMCA Makos** program, including travel to and from training sessions, swim meets or other scheduled team activities.

By signing this release I acknowledge and authorize the Anderson Area YMCA to take and use photographs, video, and written comments of or by my child for promotional and informational materials. I further agree to release and discharge the AAYMCA from any and all liability in connection with the use of such photographs, videos, and written comments of or by my child.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **Anderson Area YMCA Makos** program.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Anderson Area YMCA, Inc. has taken enhanced health and safety measures created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, The YMCA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

You must follow all posted instructions while visiting **Anderson Area YMCA**. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease of Control and Prevention, senior citizens and individuals with underlying medical conditions are especially vulnerable.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the YMCA After School program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the AAYMCA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance and/or participation in the Anderson Area YMCA Makos aquatics program. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless The Anderson Area YMCA, Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the Anderson Area YMCA Makos program.

Athlete Name: _____

Parent Signature: _____ Date: _____

Parent Contact

Address: _____ City: _____ Zip: _____

Email Address:

Parent/Guardian 1: _____

Phone: _____

Parent Signature:

Registration Checklist: (Front Desk Use only):

Swim Assessment Date (*must have card*): _____ **Returning Swimmer** (*No assessment required*): _____

YMCA Membership: Family Youth

Swim Group: _____

Copy of Birth Certificate: _____

Payment Option: Annual Season 1 Season 2 Monthly

Registration Fee: \$ _____

Program Fee: \$ _____

Total: \$ _____

Front Desk Initials _____