



Mon Valley West YMCA Swim Team

NEW SWIMMER Fall/Winter 2008-2009 Welcome and Registration Packet

***Please Note the Fall/Winter Season Requirements Listed in the Handbook
and on the Program Fee Payment Form!***



**FALL . WINTER 2008.09
MON VALLEY WEST YMCA SWIM TEAM (MVWYST)
REGISTRATION and MEDICAL INFORMATION FORM**

NAME: _____ **BIRTHDATE:** _____ **AGE:** _____

EMAIL ADDRESS: _____ (please print clearly!!)

HOME PHONE: _____ **BEST ALTERNATE PHONE:** _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

FATHER'S NAME: _____ **FATHER'S WORK PHONE:** _____

MOTHER'S NAME: _____ **MOTHER'S WORK PHONE:** _____

WITH WHOM DO YOU RESIDE? _____

.....
I hereby grant permission for my son/daughter to ride the team bus to MVWYST away meets.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

MEDICAL INSURANCE CARRIER: _____

EMERGENCY CONTACT: _____ **PHONE:** _____

FAMILY PHYSICIAN: _____ **PHONE:** _____

PLEASE LIST ANY MEDICATION (S) YOUR CHILD TAKES REGULARLY OR ON AN "AS NEEDED" BASIS: _____

PLEASE ADVISE OF ANY KNOWN MEDICAL PROBLEMS THAT MIGHT ARISE DURING SWIM PRACTICE OR COMPETITION: _____

To the best of my knowledge, all of the preceding information is true and correct. If my child has any change in their health or medications, I will notify the coaching staff immediately.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

**MON VALLEY YMCA WEST SWIM TEAM (MVWYST)
PROGRAM FEE PAYMENT FORM**

FALL/WINTER 2008-2009 FEES	PROGRAM FEE	MEMBER FEE	TOTAL
Individual Swimmer <i>(September to March)</i>	\$ 190	\$ 130	\$ 320
2nd Child <i>(September to March)</i>	\$ 170	\$ 130	\$ 300
3rd <i>(or more) Child (September to March)</i>	\$ 150	\$ 130	\$ 280
Varsity High School Swimmer <i>(Starts September; then High School Season)</i>	\$ 65	\$ 130	\$ 195
Middle School/Fall Sport Swimmer <i>(Starts November 1 or after fall season)</i>	\$ 115	\$ 130	\$ 245

PLEASE NOTE THAT ONLY ONE DISCOUNT APPLIES!!!

SWIMMER NAME _____

1 YEAR YMCA MEMBERSHIP EXPIRES _____

MON VALLEY YMCA SWIM TEAM	
PROGRAM FEE AND MEMBER FEE PAYMENT INFORMATION	
(Checks Payable to: MON VALLEY YMCA WEST SWIM TEAM)	
<i>(Payable 1/2 upon start; 1/2 by 10/31/07 - negotiable if necessary!)</i>	
Individual Swimmer - \$320	
2nd Child - \$300	
3rd (or more) Child - \$280	
Varsity High School Swimmer - \$195	
Middle School/Fall Sport Swimmer - \$245	
TOTAL	

INITIAL PAYMENT - due first week of swimming _____

DATE PAID _____
AMOUNT PAID _____
CHECK NUMBER _____

2ND PAYMENT - due 10/31/08 (negotiable if necessary!) _____

DATE PAID _____
AMOUNT PAID _____
CHECK NUMBER _____

FALL/WINTER SEASON ATTENDANCE REQUIREMENTS!

*** PLEASE NOTE THAT ATTENDANCE AT THE DUAL MEETS IS REQUIRED FOR ALL SWIMMERS UNLESS SPECIAL CIRCUMSTANCES ARE REVIEWED AND APPROVED BY THE COACH.**

*** PLEASE NOTE THAT ATTENDANCE AT ONE CHAMPIONSHIP MEET IS REQUIRED FOR ALL SWIMMERS (B CHAMPIONSHIPS, DISTRICTS OR NOVICE CHAMPIONSHIPS).**

Further Information is available in the MVWYST handbook....

I agree to the payment terms above....

PARENT SIGNATURE _____
DATE _____

MEMBERSHIP



APPLICATION

APPLICANT:

DATE: _____

NAME: _____
LAST FIRST

ADDRESS: _____
STREET/PO BOX # CITY STATE ZIP

HOME PHONE #: _____ EMERGENCY PHONE #: _____

BIRTH DATE: _____ SEX: M _____ F _____ MARIATAL STATUS: S _____ M _____

APPLICANT'S EMPLOYER/SCHOOL: _____ PHONE: _____

SPOUSE'S EMPLOYER/SCHOOL: _____ PHONE: _____

COLLEGE STUDENT-EXPECTED DATE OF GRADUATION: _____ E-MAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE: NAME: _____ PHONE: _____

FOR A FAMILY MEMBERSHIP PLEASE FILL IN THE FOLLOWING INFORMATION					
FAMILY MEMBER	SEX	AGE	BIRTH DATE	RELATIONSHIP	COLLEGE
1					
2					
3					
4					
5					
6					

WHY ARE YOU JOINING THE YMCA? _____

WOULD YOU LIKE TO BE A YMCA VOLUNTEER (Y/N)? _____ IN WHAT AREA? _____

WOULD YOU LIKE TO BE A YMCA INSTRUCTOR (Y/N)? _____ WHAT DEPARTMENT? _____

OFFICE USE ONLY PLEASE			
MEMBERSHIP TYPE:	FORMS		DATE PAID:
MEMBERSHIP NUMBER:	MEMBERSHIP CARD/ID#		TOTAL DUE:
EFFECTIVE DATE:	EC AUTHORIZATION FORM		AMOUNT PAID:
EXPIRATION DATE:	GIFT CERTIFICATE		BALANCE DUE:
COMPUTER: CCC	QA	PAYMENT PLAN AGREEMENT	RECEIPT #:
		MEDICAL/WAIVER	

MON VALLEY YMCA MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERRABLE

MEDICAL HISTORY



AND WAIVER

Do you now or have you in the past had any of the following?

Heart Disease?	Yes _____	No _____
High Blood Pressure?	Yes _____	No _____
Diabetes?	Yes _____	No _____
Cancer?	Yes _____	No _____
Stroke?	Yes _____	No _____

Other serious conditions? (specify)

Are you currently taking any medications? Yes _____ No _____

If Yes, for what reason?

Please List Medications

Do You Smoke? Yes _____ No _____

Please list any serious operations or injuries that may restrict you during exercising:

Approximate Date of Last Physical Exam:

PHYSICIAN'S NAME: _____ PHONE #: _____

EMERGENCY CONTACT PERSON: _____ PHONE #: _____

THE ABOVE INFORMATION WILL BE USED ONLY IN CASE OF AN EMERGENCY AND WILL BE KEPT CONFIDENTIAL

While participating in programs of Mon Valley YMCA, I agree to abide by the Mon Valley YMCA rules and regulations. I will not abuse the facility, equipment, or guest policy. I will treat the Mon Valley YMCA Staff and other members/guests with respect.

I am aware the Mon Valley YMCA has no physical therapist or physician on staff. If using the facilities for medical reasons, I will use them under the guidance of my own private physician and/or therapist and will act within their guidelines.

I, the undersigned, do hereby release and hold harmless the Mon Valley YMCA, the Canon McMillan and Trinity Area School Districts, and any of its departments, officers, and employees from any and all claims and causes of action for personal injury arising or growing out of the activities in which I am participating. I, the undersigned, further agree to indemnify and hold the Mon Valley YMCA harmless from any and all injuries, damages, causes of action or claims asserted by their persons against the undersigned or the YMCA. The indemnification shall include costs of suit or other costs associated with defending a claim including reasonable attorney's fees.

NAME (Print): _____ BIRTH DATE: _____

ADDRESS: _____
STREET/PO BOX # _____ CITY _____ STATE _____ ZIP _____

HOME PHONE #: _____ ALTERNATE OR MOBILE #: _____

SIGNATURE OF PARENT/GUARDIAN (UNLESS OVER 18 YEARS OLD) DATE: _____

AFFIDAVIT



I/We theundersigned, as parent(s) and/or legal guardian(s) of

_____ (swimmer) do hereby authorize

Steve Leonardi

Coach

Coach

to grant peremission for the performance of accepted medical procedures and diagnostic tests that may be ordered by a duly licensed physician or his designated assistant. This includes authorization to permit the performance of laboratory procedures as ordered and, further, the performance of X-ray studies under the supervision of the hospital radiologist.

_____ Date

_____ Signature of Parent or Guardian

_____ Date

_____ Signature of Parent or Guardian

_____ Phone Number

_____ Address/City/State/Zip)

Sworn to and subscribed before me this

_____ day of _____, 20 _____

_____ NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

MON VALLEY YMCA - WAIVER RELEASE FORM

We, the undersigned, give our child _____ permission to participate in the MON VALLEY YMCA and MON VALLEY WEST YMCA SWIM TEAM. We do hereby release and hold harmless the Mon Valley YMCA, the Canon McMillan and Trinity Area School Districts, and any of it's departments, officers, and employees from any and all claims and causes of action for personal injury arising or growing out of the activities in which I am participating. I, the undersigned, further agree to indemnify and hold the Mon Valley YMCA harmless from any and all injuries, damages, causes of action or claims asserted by their persons against the undersigned or the YMCA. The indemnification shall include costs of suit or other costs associated with defending a claim including reasonable attorney's fees.

_____ Date

1 _____ Signature of Parent or Guardian

_____ Date

2 _____ Signature of Parent or Guardian

Mon Valley WEST YMCA Swim Team COMMUNICATION!

A "HOW TO" GUIDE TO FIND OUT WHAT IS GOING ON WITH YOUR TEAM!



- ❑ **Check our website! www.wyst.org**
- ❑ **Check your email frequently!!**
(If you did not give us your email address, please do so!)
- ❑ **Check our bulletin boards at each pool location!!**
- ❑ **Check the dry erase board at each pool location!!**
- ❑ **Check the calendar at each pool location!!**
- ❑ **Talk to your swimmer! Coach Steve talks to all the kids each day at practice...ask your swimmer what he talked about! Call Coach Steve with any questions....**
724-222-2730 (h) or 724-263-6279 (cell).
- ❑ **Talk to the Coaches....they are on deck at each practice....if you have a question, see them before or after practice!**
- ❑ **Emergency Phone Chain – this will be initiated by the board in the event something needs to be communicated short notice...**
- ❑ **Attend the Parent Meetings! The dates and times will be posted on the website, via email and on the bulletin board.**
- ❑ **Email to info@wyst.org**
- ❑ **If all else fails...Call the Crooks Family at 724-223-0927.**