



Oneonta Family YMCA Swim Team Application Form 2018-2019

Child's Full Name: _____ Age: _____ DOB: _____

Member of the YMCA? Yes/No Membership expiration date: _____

Second Child's Full Name: _____ Age: _____ DOB: _____

Member of the YMCA? Yes/No Membership expiration date: _____

Third Child's Full Name: _____ Age: _____ DOB: _____

Member of the YMCA? Yes/No Membership expiration date: _____

Home Address: _____ City: _____ State: _____ Zipcode: _____

Parent/Guardian 1 Name: _____

Place of Employment: _____

Phone number: Home or Work: _____ Cell: _____ Mobile Provider: _____

Home Address: _____ City: _____ State: _____ Zipcode: _____

Email Address: _____

Parent/Guardian 2 Name: _____

Place of Employment: _____

Phone number: Home or Work: _____ Cell: _____ Mobile Provider: _____

Home Address: _____ City: _____ State: _____ Zipcode: _____

Email Address: _____

Child's or children's Pediatrician: _____ Phone Number: _____

Please list any known medical conditions and/or allergies for you child or children:

*The YMCA has a safety policy that all children **under the age of 11** must be accompanied by a parent/guardian at the beginning and end of their programming. If the parent/guardian is late picking up the child then they will remain in the program area until parents arrive.

In the event of an emergency, and a parent cannot be reached, please call:

1. Emergency Contact: _____

Relationship: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Address: _____

2. Emergency Contact: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Address: _____

Relationship: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Oneonta Family YMCA to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child(ren) as named below:

(List child(ren))

(Parent signature) _____ (Date)