

Joliet YMCA Jets Swim Team
Green Swimmer Registration
2008 Long Course Season

Swimmer Name: _____ Practice Group: _____
Legal First MI Last

Parent Name(s): _____ Home Phone: _____

Street Address: _____ City: _____ Zip: _____

I, as a swim team parent, agree to the following obligations:

1. Maintain and pay for a full youth, teen, or family membership at the Greater Joliet Area YMCA.
2. Pay YMCA Swim Team program fees of \$148 (\$37/mo). The third and successive swimmers in a family will pay half price. Fees may be paid in full or bank drafted at the end of each month, April – July.
3. Maintain a JCSA meet entry account of \$50, to be held in escrow for swim meet fees. Any money remaining thirty days after leaving the team will revert to JCSA.
4. New families are required to work one session per day during the Dr. Pepper Meet (June 6-8 at UIC), whether their child is swimming or not. A \$100 fee will be assessed to families who do not meet the worker requirement. Any conflict must be submitted in writing to the JCSA Board by May 1, 2008.
5. Each swimmer will be required to fundraise \$75 (\$150 max per family).
6. Complete and keep the Emergency Health Information form up to date (see reverse side of page).
7. Turn this form and the Emergency Health Information form in at the Welcome Center at the Galowich YMCA before your child begins practicing.

- ✓ I understand the failure to submit the necessary monies and work hours will result in my child being removed from the team.
- ✓ I agree to the team policies and methods, and JCSA policies, outlined in the team handbook. I will stay informed of team happenings through use of any of the following: e-mail updates, swimmer mail files, and website (www.jetsyswimteam.org). If I do not have Internet access, I will inform the coach so "hard copies" can be placed in my swimmer's mail file.
- ✓ I irrevocably grant to the Joliet YMCA Jets Swim Team (JETS) the right to distribute, transmit, publish, copy, or otherwise exploit, either in whole or in part or as modified in any manner, any type of photograph or video and persons in such photographs that may not be identified. I release and discharge the JETS and its agents, representatives, and assignees from any claim or cause of action for, among other things, invasion of privacy, right of publicity, and defamation arising out of the use of any photographs or videos.

 Printed Name Signature Date

Summary of Fees:

Program Fee: _____ **or** _____ \$
Full fee Monthly Bank Draft Total

Total payable to Joliet YMCA: \$ _____ Cleared YMCA by: _____

2008 USA Swimming registration fee: \$ 60.00

Meet entry escrow deposit: \$ 50.00

Total payable to JCSA: \$ **110.00** Cleared JCSA by: _____

Joliet YMCA Jets Swim Team
Emergency Contact & Health Form
2008 Long Course Season

Swimmer's Name: _____
Last Legal First MI

Preferred Name: _____ Swimmer's E-mail: _____

Birth Date: _____ Age: _____ Sex: _____ Practice Group: _____
Month/Day/Year

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Please e-mail my bill to this e-mail address. Please e-mail my bill to this e-mail address.

I do not have e-mail and need a hard copy of my bill and updates mailed or placed in my child's folder.

This signature authorizes the Joliet YMCA Jets Swim Team staff to secure emergency medical care for my child when I/we cannot be immediately reached at the time of an emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Printed Name Signature Date

Doctor: _____ Doctor's Phone: _____

Emergency Contact: _____ Phone(s): _____
(If unable to reach parents)

Allergies (drugs, foods, etc): _____

Medical History: _____

Other Relevant Information: _____