

**CAJBC Y Swim Team
Registration Information for Fall 2009 – 2010 Season**

Child/Swimmer's Name: _____ Gender: _____

Age: _____ Date of Birth: ____/____/____ Grade: _____ School: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent or Guardian Name(s): _____

Address (If different from above): _____

Home Phone (If different from above): _____ Cell Phone: _____

Cell Phone carrier if you wish to receive text messages: _____

E-mail address (**please print clearly**): _____

Information practice and policy: To improve communications, we began an e-mail distribution list – sending out items of interest such as meet results. The feedback to date has been very positive. We are expanding that this year to include other items of swim team interest. We only use the list for swim team communications. Those who are on the list will note we use “bcc” to prevent inadvertent replies to everyone. **We encourage you to provide an e-mail address if possible** – it improves our communications and lowers our costs.

Please check one:

_____ I currently have a membership **obtained directly through the YMCA.**
Expiration date: ____/____/____ Please provide us with a copy of your card and the method of payment to the YMCA to ensure accuracy of records.

_____ I will obtain a membership **directly through the YMCA.**
Please provide us with a copy of your card and the method of payment to the YMCA to ensure accuracy of records.

If you are a US Swimmer, please complete the following:

US Number: _____ Expiration date: ____/____/____

**CAJBC Y Swim Team
Emergency Consent Information for Fall 2009-2010 Season**

Child/Swimmer's Name: _____

Parent/Guardian name(s) and place(s) of Employment:

1. _____ 2. _____

Phone: _____ Phone: _____

Cell Phone: _____ Cell Phone: _____

Friend or relative who will assume temporary care of your child if you cannot be reached:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

MEDICAL INFORMATION (MUST BE COMPLETED)

Child's Physician: _____ **Physician's Phone:** _____

Preferred Hospital: _____

Health Insurance Carrier: _____

Policy Holder's Name: _____ **Policy Number:** _____

Health Information: Please list any health conditions or chronic condition that your child may have

Medication your child is taking for any of the above conditions: _____

My child has had a physical in the past 12 months: _____ **Date:** ____/____/____

I authorize the coaches or parent officers of the CAJBC Y Swim Team to contact person(s) named on this paper and authorized named physician(s) to render such treatment as may be deemed necessary in an emergency. In the event person(s) named above cannot be contacted, CAJBC Y Swim Team coaches and parent officers are authorized to take whatever action is deemed necessary in their judgment for the health of the above-named child. I will not hold the JB Chambers YMCA, the CAJBC Y Swim Team, its coaches or officers financially responsible for the emergency care and/or transportation of the above-named child.

Parent/Guardian Signature: _____ Date: ____/____/____

**CAJBC Y Swim Team
T-Shirt Information for Fall 2008-2009 Season**

DEADLINE FOR T-SHIRT ORDER FORMS IS FRIDAY, OCTOBER 10, 2009.

Each swimmer receives a team shirt with their paid fees. At times, other swim teams provide shirts for participation in invitationals, etc. Please complete the information to allow ordering of shirts throughout the season easily accomplished.

Swimmer's Name _____

T-Shirt Size (Circle One): **YM** **YL** **AS** **AM** **AL** **AXL** **AXXL**

Additional Shirts (CAJBC Y team shirts only):
Indicate # of shirts wanted by each size.

_____ **YM** (@ \$12.00)

_____ **YL** (@ \$12.00)

_____ **AS** (@ \$12.00)

_____ **AM** (@ \$12.00)

_____ **AL** (@ \$12.00)

_____ **AXL** (@ \$12.00)

_____ **AXXL** (@ \$13.00)

Total number of shirts (include swimmers) : _____

Total enclosed (only if ordering additional shirts): \$_____

Payment for additional shirts must accompany order. Make checks payable to: CAJBC Y Swim Team.

CAJBC Y Swim Team

Photo Publication for Fall 2009 – Summer 2010 Season

This section grants permission for the use of your child’s likeness for team promotions. This may be pictures for the newspaper or on the team website. Please note, on the website, www.cardinalaquatics.com, no identifying information will accompany the photo. The kids like seeing themselves and friends on the site so we hope you will consider granting permission below. Thank you.

Parent/Guardian Consent For Possible Publication of Team Photos:

I hereby

Grant

Deny

permission to the CAJBC Y Swim Team to use my child’s photograph for the 2008-2009 season without further consideration, and I acknowledge the team’s right to crop the photograph at its discretion. No names will be used, only pictures. I also understand that once my child’s image is captured and used, the image can be used to promote the CAJBC Y Swim Team. Therefore, I agree to indemnify and hold harmless from the CAJBC Y Swim Team, its officers and staff.

Swimmer’s Name _____

Parent/Guardian Signature _____

Date _____

Parent Name _____

Email Address _____

Phone No. _____