



WALDO COUNTY YMCA Bluefish Swim Team Registration

Is participant a current YMCA Member (circle): Y / N Member ST# _____
Annual Membership is required for Bluefish Swim Team participation.

Swimmer's Information

Swimmer's Name: _____ Age: _____
Gender: M / F Birth Date: ____ / ____ / ____ Current Grade: _____

Which practice group is the swimmer registering for?

- Blue Red Green 1 Green 2 High School

Unsure of practice group? Please discuss with Coaches before registering.

Caregiver's/Emergency Contact Information

PRIMARY CAREGIVER CONTACT INFORMATION:

Caregiver Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Employer: _____ Email: _____

SECONDARY CAREGIVER CONTACT INFORMATION:

Please check if the secondary caregiver is authorized to make changes to childcare account

Caregiver Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION: Must be local and over age 16 with a valid state issued id

Emergency Contact: _____ Relationship to Child: _____
Daytime Phone: _____ Cell Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Medical Information

Doctor's Name: _____ Phone Number: _____
Dentist's Name: _____ Phone Number: _____
Insurance Provider: _____ Policy Number: _____
Policy Holders Name: _____

Participant Signature (*parent/guardian if child is under 18*): _____ Date: _____
Participation waiver on page 3 must also be signed.

WALDO COUNTY YMCA BLUEFISH SWIM TEAM PRACTICE GROUP DESCRIPTIONS AND PREREQUISITES

GREEN PREREQUISITE: Your swimmer must be able to pass our deep-water test and be six years of age. Swimmers need to be able to complete 25 yards of freestyle and backstroke to qualify for these groups. The green group skill level will practice 2x/week.

GREEN GROUP 1 PRACTICE: Mondays & Wednesdays 4:30 - 5:15 p.m.

For first and second year Bluefish swimmers who are focusing on improving freestyle, rotary breathing, backstroke and dives. Meet participation is recommended not expected.

GREEN GROUP 2 PRACTICE: Tuesdays & Thursdays 4:30 - 5:15 p.m.

For swimmers who are proficient in freestyle and backstroke who will now be focusing on stroke development including, the Individual Medley (IM), flip turns and building endurance. Swimmers need a recommendation from a coach -OR- have competed with the Bluefish for a minimum of two seasons to join this practice group. Meet participation throughout the season, including the State Meet, is expected.

\$225

RED PREREQUISITE: Your swimmer must be able to swim 50 yards continuously of freestyle and backstroke to join this practice group. This level focuses on stroke technique, introducing butterfly and breaststroke technique, interval training, and building endurance. This group is expected to practice minimally three times per week.

PRACTICE: Monday through Thursday 5:15 - 6:15 p.m. and
Friday 4:30 - 5:30 p.m.

Meet participation, including the State Meet, is expected.

**New Bluefish swimmers who are in Grades 6-12 are recommended to register for this practice group. Once acclimated to practices it's possible to switch groups.*

\$300

BLUE PREREQUISITE: This is our highest level practice group. Swimmers must be legal in all four strokes, have the ability to follow work-outs independently and have a strong work-ethic. This group is for motivated athletes who have demonstrated their ability to keep up with the pace of workouts at this level. This group focuses on improving times and stroke efficiency.

PRACTICE: Swimmers are expected to commit to at least four practices per week, five would be preferred.

Monday through Friday from 3:00 - 4:30 p.m.

Swimmers are expected to participate in the majority of regular season meets.

Participation in the State Meet is expected.

Blue level swimmers are also strongly encouraged to join USA Swimming.

\$375

HIGH SCHOOL: This group is for swimmers who have demonstrated advanced commitment to the sport of swimming with the Bluefish swim team.

PRACTICE: Swimmers will be expected to attend a minimum of one (1) Bluefish practice per week.

Swimmers are expected to compete with us before and after their High School season.

Swimmers will join Blue Group practices as their season permits - see times above.

Participation in the majority of the regular season meets.

State Meet is expected.

High School swimmers are strongly encouraged to join USA Swimming.

\$150

Waldo County YMCA Participant Waiver

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Waldo County YMCA Programs, now or at any time in the future.



In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersign, whether caused by negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

As applicable per program participation:

✓ I hereby authorize the employees of the YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

✓ I hereby authorize the YMCA to use photos and/or videos in promotional activities.

✓ I hereby authorize the employees of the YMCA to administer medication. Important: medications can only be administered with the medication in the prescription bottle. Without the Physicians name and prescription on the label we cannot administer medications.

✓ I hereby authorize the employees of the YMCA to assist in the application of Sun Block when necessary.

✓ I hereby authorize the qualified employees (over the age of 21) of the YMCA to transport by bus or personal vehicle.

✓ I hereby grant my child permission to attend field trips with the YMCA during the school year. Information will be sent home prior to each trip.

Coronavirus / COVID-19 Warning & Disclaimer: Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Waldo County YMCA programs or accessing Waldo County YMCA facilities could increase the risk of contracting COVID-19.** Waldo County YMCA in no way warrants that COVID-19 infection will not occur through participation in Waldo County YMCA programs and activities of accessing Waldo County YMCA facilities.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I Have Read This Release PLEASE Print Name of Participant: _____

Date: _____ Signature of Applicant: _____

Parent/Guardian Signature Necessary if participant is under age 18

Print Name: _____