



Bath Area Family YMCA Long Reach Swim Club

303 Centre Street, Bath, Maine 04530
(207) 443-4112 fax: (207) 443-1079
Web site : www.lrsc.org e-mail : lrsc@bathymca.org



Snaildarter Club 2021-2022

First, Middle (**Required**), Last Name: _____

Gender: _____ Birth Date: ____/____/____

Home Mailing Address: _____

City/Town: _____ Zip Code: _____

Parent/guardian e-mail: _____

Parent/guardian cell Phone: _____

School Name _____

Parent Information:

Mother/Guardian _____ Phone (H) _____ (W) _____

Father/Guardian _____ Phone (H) _____ (W) _____

Emergency/3rd party contact (include phone#) _____

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Medical Information:

Has the Participant ever been hospitalized? _____

If yes, Please

Describe: _____

Is the participant taking medication? _____ If yes, what: _____

Allergies? (Hay fever, bee stings, asthma, etc.):

Is he/she sensitive to any medication? _____

In case of emergency, I/my child may be treated at:

Please indicate if your child has any dietary, physical, emotional or behavior concerns our staff should be aware of:

Participant/Parent Authorization: *The person described herein has permission to engage in all Aquatics activities. In the event I cannot be reached in an emergency, I give my permission to the physician selected by the YMCA staff to secure proper treatment for me/my child. I also give the YMCA permission to use photos taken of me or my child at the Y for public relations purposes.*

Parent or Participant Signature _____ Date _____