

***Old Colony YMCA
Swim Team Registration***

Swimmers

Name _____

Parents Name _____

Address _____

City _____

***State and
Zip*** _____

Phone _____

Additional Ways to Reach You _____

Email _____

Best Way to Reach You _____

Emergency Contacts (if you cannot be reached)

1. _____

2. _____

3. _____

Medical Emergency Treatment

I hereby give _____
Name of Program

permission to administer basic first aid and/or CPR to my child

_____ ***and/or take my child*** _____
Name *Name*

***to a hospital for medical treatment when I cannot be reached or when
delay would be dangerous to my child's health.***

Parents Signature

Date

PAR - Q

A physical activity readiness questionnaire

Regular physical activity is fun, healthy, and very safe for most people. However, some people should check with their doctor before becoming more active.

The following seven questions will help you determine if you should check with your doctor prior to increasing or altering your activity level.

- | YES | NO | # | PLEASE READ the QUESTIONS CAREFULLY and ANSWER HONESTLY |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Do you have chest pain that is brought on by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Have you developed chest pain in the past month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Have you ever lost consciousness or fallen over as a result of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Do you have a bone, joint, or muscle problem that could be aggravated by increasing or altering your activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Has a doctor ever recommended medication for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision? |

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS:

Talk with your doctor by phone or in person before becoming more active.
Tell your doctor about this questionnaire and mention the questions you answered yes.

IF YOU ANSWERED NO TO ALL QUESTIONS:

You can be reasonably sure that you can safely become more active.
Remember to start slowly and progress gradually.

ALSO:

If you are or may be pregnant, talk with your doctor before increasing or altering your activity. If you are not feeling well due to temporary illness, delay becoming more active until you feel better.

Name _____

Member _____

Non Member _____

PAR - Q

I, the undersigned, acknowledge that I have received and completed a **Physical Activity Readiness Questionnaire (PAR-Q form)**. I understand that the PAR-Q will help me determine if I should seek physician clearance prior to increasing or altering my activity level.

I agree to seek medical evaluation and/or clearance if, in fact, I should answer **YES** to one or more questions contained on the PAR-Q. Any questions regarding the PAR-Q have been answered to my satisfaction.

I am also aware that a more comprehensive pre-activity appraisal is available to me by appointment with an Old Colony YMCA fitness instructor.

Name (Please Print)

Date

Participant (Signature)

Witness

The participant and his/her dependents assume all risks, injuries and property damage incidental to the use of the YMCA facility, including, but not limited to physical activities in which they are engaged.

Name (Please Print)

Date

Participant (Signature)

Witness



Swimmer Info



Swimmer's name: _____ Date of birth: ___ / ___ / ___

Address: _____

City/Town: _____ State: _____ Zip: _____

phone _____

Please circle one: New Swimmer Experienced Swimmer

If returning, list events and/or times

Event	Time
_____	_____
_____	_____
_____	_____
_____	_____

For Coach's Use Only

Freestyle: _____ 25 50 100

Breastroke: _____ 25 50 100

Fly: _____ 25 50 100

Back: _____ 25 50 100

Starts/Turns: _____ 25 50 100

Swimmer Information Form-Please Fill Out Completely

Swimmer's Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Male Y Female Y Birth Date: _____ Age: _____

Home # (_____) _____

Father or Guardian Name: _____ Day Phone # (_____) _____

Pager/Cell Phone # (_____) _____

Mother or Guardian Name: _____ Day Phone # (_____) _____

Pager/Cell Phone # (_____) _____

Emergency contact information

E-MAIL ADDRESS:

Name: _____ Day Phone # (_____) _____

Health History:

Doctor preference: _____ Phone #: (_____) _____

Please list any allergies to bee stings, food, medications, etc. _____

Please list any medications that the swimmer is on _____

Is the swimmer under medical care for any illness? Yes or No _____

If the swimmer's activities should be restricted in any way, please describe. _____

Additional Information:

Please provide us with any other information you feel is important to insure a successful team experience

Please mail to: