



BSY Torpedo Swim Team Registration Form

Participant's First Name _____ Middle _____ Last _____ Gender _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age entering program _____ Grade entering in Sept. _____ T-shirt size (Youth/Adult) _____

Parent # 1 _____ Parent # 2 _____

Home Address _____ Home Address _____

Please Check Which Phone Number You Would Like Used As Primary Contact Number

Home Phone # () _____ Home Phone # () _____

Cell Phone # () _____ Cell Phone # () _____

Work Phone # () _____ Work Phone # () _____

Email _____ Email _____

If parent cannot be reached, give name and relationship of person to be called in case of emergency.

Name: _____ Relationship: _____

Home # () _____ Work # () _____ Cell # () _____

Does your child require special accommodations (social, behavioral, medicinal)? No _____ Yes _____

Parent/Guardian Permission: I hereby give permission for my child to participate in all activities that are part of the program. I understand there are risks associated with activities and programs in which my child is a participant. I hold the Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I grant permission for any pictures taken of my child while in the program to be used for publicity and promotional purposes.

Concussion Information: I have read the CDC Concussion Fact Sheet and will talk to my child about the information (<http://www.cdc.gov/headsup/>).

Guardian Authorization: In order to ensure the well-being of all our participants and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The YMCA WILL require photo I.D. to release any child to an authorized pick up person listed on this form. I authorize the YMCA to release my child to the custody of the following people other than me:

Name: _____ Phone # () _____ Relationship _____

Name: _____ Phone # () _____ Relationship _____

The YMCA is required to permit either parent to pick up the child unless the YMCA is furnished with a copy of a court order to the contrary. Please list below any persons not authorized to pick-up this participant and attach a copy of the court order.

Name: _____ Relationship _____

Name: _____ Relationship _____

Authorization for Medical Attention: Please list all medications and/or medical conditions affecting your child. _____

I give permission for the YMCA Certified First-Aid staff to treat my child, if needed. I authorize the aquatic staff to consent to emergency treatment (under advice of a Connecticut licensed physician) for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred, through transportation and the treatment of my child, are my responsibility.

Name of Physician _____ Address/Phone _____

Insurance Company _____ Policy Number _____

Policy Holder _____ Relationship to Child _____

- I understand that the Central Connecticut Coast Young Men's Christian Association, Inc. (the "Parent Company") and all of its branches are a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the child in the YMCA programs, I release, on behalf of the child, myself and members of the child's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers from all claims of damage or loss to the child's property and claims of personal injury or property damage caused to others by the child, including injury or damage to YMCA property or personnel.
- I understand the financial requirements, registration, payment obligations and deadlines as outlined.
- I have read the above and agree to the terms and conditions.

Signature of Parent/Guardian _____ Date _____



2020-2021 SHORT COURSE SEASON: September 14-March 28

Swimmer's Name: _____

Level (please check one):

- 8/Under, Bronze Age Group, Silver Senior, Gold

MEET ENTRY FEES

Meet fees not included. Registration for meets registrations will be done through Team Unify and billed automatically after each meet to your YMCA account.

SWIM TEAM PAYMENT OPTIONS AND AUTHORIZATIONS

Please check one:

- Paying in full by (check one): Cash Check Credit Card on File at the Y
- Paying in automatic monthly segments. The first segment is due at registration. All other segments will be due on the first of the month, paid through an automatic draft. Please complete the automatic draft form below.

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I _____, hereby authorize the Central Connecticut Coast YMCA to charge the account listed on the 1st of each month in the amount of \$_____ to act as payment for the swim team. I understand that I must provide THIRTY DAYS notice, in writing, if I wish to discontinue this service. This agreement is for the short course season only and the last draft will occur on February 1. There will be a \$20.00 charge for any EFT or charge returned by the bank. Also a \$20.00 late payment fee will be added to the account if not paid before the first of the month. These fees will be automatically drafted from my account. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of child care) or credit card information/expiration date (if utilizing credit card for payment of child care).

Please print your name _____ Signature _____ Date _____

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (swim team) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly payment (direct debit from my Checking Savings account)

Bank Name _____ Name on Account _____

Routing Number _____ Account Number _____

Authorized Signature: _____ Date: _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card) Credit Card Type American Express MC Visa

Card Holder Name _____ Credit Card needs to be scanned at the branch.

Card Holder Address _____

Please use the current payment method currently on file with the Stratford YMCA for monthly billing.

Authorized Signature: _____ Date: _____



CCC YMCA MISSION STATEMENT

The Central Connecticut Coast YMCA is a charitable, not-for-profit, community service organization dedicated to putting Judeo-Christian principles into practice through programs that build healthy spirit, mind, and body for all.

BSY VISION STATEMENT

BSY is a swim program for all, dedicated to building a lifelong love for the sport of swimming.

CENTRAL CONNECTICUT COAST YMCA MEMBER CODE OF CONDUCT

Together, we can all do more to help strengthen our community. Toward that end, Central Connecticut Coast YMCA members should consistently celebrate the YMCA core values of caring, honesty, respect, and responsibility with behavior that illustrates those values. The Central Connecticut Coast YMCA reserves the right to suspend or terminate membership privileges for behavior not in accordance with our values.

MEMBERSHIP

Members of YMCA competitive teams must have full-privilege YMCA memberships. A swimmer must be a member in good standing at his/her YMCA for 30 days prior to competing for that YMCA in a meet. The swimmer must be a member in good standing of his/her YMCA for 90 days prior to representing that YMCA in a district, regional, state or national championship meet. Membership must last from the time of registration to the last day of the swim season. The membership will continue until you submit a termination request in writing with a 48-hour notice and only after your child completes their swim season. Please contact the Y for further details on membership prices, hours, and programs offered.

COMMUNICATION

Our primary methods of communication are via Team Unify and email. Please make sure your email is legible on page one of this packet.

BSY Torpedoes Swim Coach Staff Email– bsyswimming@cccymca.org

Go to our website, at www.teamunify.com/ymca-0939

VOLUNTEER AGREEMENT

Each meet calls for many volunteers to ensure that the meet runs smoothly. Each family member (age 16+) will be assigned at least one timing shift.

FINANCIAL ASSISTANCE

Program financial assistance is available for qualified members through our Financial Assistance program, funded by the Annual Campaign. We are community-based and believe that our programs should be available for everyone. This confidential scholarship assistance application is available at Member Services and on-line at <http://www.cccymca.org/>

By signing below, you acknowledge that you have read, understand, and agree to the above.

Signature of Parent/Guardian _____ Date _____



CURRENT DROP OFF/PICK UP (procedures subject to change based on updates in state and local guidelines)

Please accompany your swimmer to the pool to ensure that they arrive on time and are prepared to practice. Make arrangements for pick-up at the end of your swimmer’s scheduled practice. All children under the age of 12 must be directly supervised by their parents or guardians while on Y property. All swimmers and family members entering the building must complete a health screening and temperature check. Masks are required in the common areas of the building. Spectators will not be allowed on the pool deck during practice and are asked to wait outside for pick up. Swimmers will be asked to enter the pool through the locker room and exit out of the main pool entrance door. See information update on attached sheet for more detailed information.

TEAM UNIFORM

The team swim suit is the Speedo Sapphire Lycra Flyback for girls, and the Speedo Sapphire Lycra Jammer for boys. The team swim cap is a royal blue custom BSY cap with your last name imprinted on it. The team warmup is the Speedo Streamline warm up jacket (sapphire) and pants (black). Contact Debbie Cosme at Metro Swim Shop at dcosmemetroswimshop@gmail.com to order your gear. A date will be scheduled for orders and sizing at the Stratford YMCA in September.

USA SWIMMING

USA Swimming memberships will be offered to most swimmers for the fall/winter short course season. By registering for USA, swimmers will compete in more meets and have multiple opportunities to improve their times. Meet entry fees are not included in the swim team fee.

WITHDRAWAL FROM SWIM TEAM

If at any time you need to remove your swimmer from the team, please fill out the appropriate form at Member Services and notify the coaches. Refunds for program fees will only be approved in the following instances: 1. The YMCA cancels a program. 2. Request form is received prior to the start of the session. 3. After the start of the session, only for medically documented reasons. There will be a \$20.00 administrative fee for each refund or credit, unless the YMCA cancels the program.

VIDEO RECORDER, CAMERA, AND CELL PHONE POLICY

Turn it off. Use recording devices on mobile and cell phones, cameras, iPods, iPads, Tablets, MP3 players, video recorders, etc. is strictly prohibited. Video recorders, cameras, or any other visual recording devices are not allowed within the Y without the expressed consent of the Executive Director. Most cell phones have the capacity to take pictures and video, so be aware if someone has one pointed in your direction. Notify staff of any concerns. Report any one taking pictures of another person without their permission.

PERSONAL BELONGINGS

When it comes to bringing personal belongings into the Y locker rooms, remember it’s up to you to watch them and lock them. You are solely responsible for all personal belongings you bring and you must provide your own secure lock for protection of your items. Lockers are only to be used during normal operating hours. Unauthorized locks left overnight may be removed at the discretion of Y staff and the locker’s contents held for one week. After one week, the contents will be donated to charity.

INSURANCE

The Y does not provide health or accident insurance. The parent/guardian assumes total liability for all charges incurred for medical treatment or property damage.

TEAM UNIFY

The ability to communicate with your team is essential to your team’s success. Team unify is the BSY Torpedoes official website and informational page. This site is used to for coaches to deliver BSY information and updates to parents. With TeamUnify, not only do you get email, SMS and push notifications, but they are connected to your team’s accounts, athletes, and even billing groups, locations, and rosters, allowing you to send direct messaging to the right groups simply and effectively. Please be sure to leave correct contact information (email and cell phone) during registration. All new BSY swimmers will be sent a Team unify invite after registering. <https://www.teamunify.com/Home.jsp?team=yymca-0939>

By signing below, you acknowledge that you have read, understand, and agree to the above.

Signature of Parent/Guardian _____ Date _____



The health and safety of our swimmers and community is our first priority.

The Stratford Y is asking all individuals to answer Health Questions prior to entering the Y. Based on answers, swimmers may be able to participate. Please contact us for a current questionnaire.

The most concerning threat to an organized sports team is rapid spread within the group. Effective containment depends on early symptom identification, removal from practice (isolation), and strict guidelines regarding return to practice.

If you have a fever or any flu symptoms (which may include but are not limited to, Unexplained rash, Diarrhea, Vomiting, Cough, Shortness of breath/difficulty breathing, Fever, Chills, Muscle pain or body aches, Sore throat, New loss of taste or smell.) in the past 24 hours, please remain at home and do not return to practice until you are unmedicated and symptom free for 72 hours. If practical, contact your doctor.

Contact the Y immediately, if a swimmer or a swimmer's immediate household member has tested positive for COVID-19 or otherwise been diagnosed with COVID-19. The Y has health and safety protocols that will be met in the event of a positive case.

ADDITIONAL SAFETY EXPECTATIONS

- All safety measures are subject to change per State of CT, Governor Lamont, Health Department or YMCA needs.
- The safety expectations will be taken directly from the summer camp safety plan. To view the policies and procedures our swim team will be following, please use the link below for more information.

<https://cccyymca.org/wp-content/uploads/2020-CCCY-Summer-Camp-Safety-Plan.pdf>

- Any additional updates and changes to our policies and procedures will be communicated through our swim teams web page at:

<https://www.teamunify.com/AlertCenter.jsp?team=yymca-0939>



CENTRAL CONNECTICUT COAST YMCA

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING CENTRAL CONNECTICUT COAST YMCA INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Central Connecticut Coast YMCA Inc. facilities, services, equipment and premises ("Facilities") and any participation in Central Connecticut Coast YMCA Inc. programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Central Connecticut Coast YMCA Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)_____

Parent/Guardian Signature_____

Parent/Guardian Name (Print Clearly)_____

Date_____