

# BAY Barracudas Summer Swim Team<sup>the</sup> 2023



## GOGGLE-UP, MAKE A SPLASH!



### Duration:

May – July

### Beginning Times:

May 2 – May 14  
T, W, Th; 4-5:30pm

May 15 – June 11  
M-F; 4-5:30pm

After June 11  
Morning Practices

### Fees:

**Black (Advanced): \$180**

**White (Interm.): \$150**

**Red (Beginner): \$130**

Being a Barracuda means being a part of a team that encourages, supports & pushes each other to be the best they can be!

### Practice Location:

**Bloomsburg Middle School Pool**

BLOOMSBURG AREA YMCA

570.784.0188

[swimteam@bloomsburgymca.org](mailto:swimteam@bloomsburgymca.org)

## BAY SWIM TEAM REGISTRATION 2023

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I or any persons in my household have not been convicted of any child related offenses.

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Age as of 6/1/2023: \_\_\_\_\_

Swimming Experience: Recreational \_\_\_\_\_ Competitive \_\_\_\_\_

Shirt Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL

Please Circle the participant's swim level:      Black              White              Red

Physical/medical concerns and/or learning disabilities:

**Payment Policy:** All fees associated with this program are due in full regardless of date participation starts. NO REFUNDS AVAILABLE.

#### Waiver of Responsibilities

In consideration of this entry to the Bloomsburg Area YMCA (referred to as YMCA) program listed above, I waive all claims for myself and for the participant(s) listed above for any injuries or illness which may result from participation, including any transportation provided by the YMCA, its staff or agents. I further state that I (and/or the above participant(s)) am in proper physical condition to participate in this program. In the event that there is a question regarding my physical condition or the physical condition of the participant(s), a physician will be consulted to review the situation prior to any participation. I also give my permission to the YMCA to use my name and/or picture (including the participant(s)) without compensation.

\*A \$20 fee will be assessed for any check or credit card payment made to Bloomsburg YMCA

that is returned.\*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING **Bloomsburg Area YMCA** FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

**Assumption of Risk**

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Bloomsburg Area YMCA facilities, services, equipment and premises ("Facilities") and any participation in **Bloomsburg Area YMCA** 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 Bloomsburg Area YMCA, it's 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 Releases. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death 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.** Releases 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):\_\_\_\_\_ Date:\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_

Parent/Guardian Name (Print Clearly):\_\_\_\_\_



**YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE**

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making reproduction, editing, broadcasting or rebroadcasting of:

- Video film or footage of me,
- Sound track recordings of me,
- Photo reproductions of me,
- Any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses or the shared uses of any works or materials referenced herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

I am the parent or legal guardian of (child’s name). I hereby CONSENT and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian:  
\_\_\_\_\_

Printed name:  
\_\_\_\_\_

Please sign here if you DO NOT CONSENT to the aforementioned photo/audio visual/narrative release on behalf of the child you are the parent or legal guardian of.  
Name of child:  
\_\_\_\_\_

Parent/Guardian Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_ Age of Child: \_\_\_\_\_