

**ROCK HILL YMCA AQUATICS CENTER  
RAYS MASTER SWIM TEAM REGISTRATION FORM**

**Athlete Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_  
Email address: \_\_\_\_\_

Adult T-Shirt Size: S M L XL XXL

**MEDICAL INFORMATION:**

Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

<u>Allergies:</u>	<u>Health Condition:</u>	<u>Disability</u>
Drugs/Meds (list) _____	Heart _____	Legally Blind or Visually Impaired _____
_____	Lung _____	Deaf or hard of hearing _____
Plants _____	Teeth _____	Physical Disability _____
Air Borne _____	Skin _____	Cognitive Disability _____
Insects _____	Ears _____	
Foods (list) _____	Other _____	
Date of last Tetanus Shot _____		

**IF SWIMMER HAS ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF, PLEASE LIST THEM HERE:**

**LIST ALL MEDICATION TAKEN ON A REGULAR BASIS IN THE FOLLOWING SPACE:**

I hereby certify that I am in normal health and capable of safe participation in the Upper Palmetto YMCA Master Swim Team program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the Upper Palmetto YMCA to obtain medical treatment for myself in the event that the emergency contact cannot be reached.

I agree to in no way hold the Upper Palmetto YMCA, their employees, sponsors, or affiliates liable from all present and future claims that may be made by me. I understand that participation in this program involves certain risks, including but not limited to serious injury. I am voluntarily allowing myself to participate in this program with the knowledge of the danger involved and agree to all risks of such participation.

I have read and understand the above terms and agreements. I understand that the Upper Palmetto YMCA does NOT provide insurance.

**\*\*\*\* SWIMMERS MUST SHOW PROOF OF CURRENT MASTER REGISTRATION OR USMS CARD\*\*\*\***

**\*\*\*ALL MASTER S SWIM TEAM MEMBERS MUST REGISTER ON LINE WITH UNITED STATES MASTERS SWIMMING AT: WWW.USMS.ORG**

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