

# MANCHESTER SWIM CLUB

## 2019 Spring and Summer Programs



Please circle which programs your swimmer will be participating in:  
Extended Rec Practice - Junior Stroke Clinic - Senior Stroke Clinic  
Spring Rec Practice – Summer USA Long Course – Summer Practice Only



### PARTICIPANTS MUST BE COMPETENT SWIMMERS TO TAKE PART IN MSC'S PROGRAMS:

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ DOB \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ DOB \_\_\_\_\_

#### LEVEL OF SWIMMING EXPERIENCE:

SWIMMING LESSONS COMPLETED \_\_\_\_\_

SWIM TEAMS YOUR SWIMMER HAS PARTICIPATED ON: \_\_\_\_\_

\_\_\_\_\_

#### STROKES YOUR SWIMMER IS ABLE TO PERFORM:

FREESTYLE \_\_\_\_\_ BACKSTROKE \_\_\_\_\_ BREASTROKE \_\_\_\_\_ BUTTERFLY \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**TOWN** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_

**PHONE:** home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **Phone** \_\_\_\_\_

(someone other than parent or guardian)

#### **Payment:**

**Please see website for fees and payment schedule**

#### **PARENT OR GUARDIAN APPROVAL**

➤ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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#### **For MSC use only:**

**PAYMENT \$** \_\_\_\_\_ **CHECK NUMBER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PAYMENT \$** \_\_\_\_\_ **CHECK NUMBER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PAYMENT \$** \_\_\_\_\_ **CHECK NUMBER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Medical Information – Please fill out 1 medical form for each swimmer.**

Swimmer's name \_\_\_\_\_

- 1) Does this swimmer have any medical conditions that the coaching staff should be aware of?  
Circle one: yes no
- 2) Does this swimmer have any allergies the coaching staff should be aware of?  
Circle one: yes no
- 3) Has this swimmer had any injuries the coaching staff should be aware of?  
Circle one: yes no
- 4) Is this swimmer taking any medications the coaching staff should be aware of?  
Circle one: yes no
- 5) My child has permission to take Tylenol or Advil if needed.  
Circle one: yes no

If you circled yes to to any question other than question (5), please list specifics here.

\_\_\_\_\_  
\_\_\_\_\_

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**Manchester Youth Aquatics, Inc. Emergency Medical/Hospital Release and Indemnification**

Parent/Guardian Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

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

(Someone other than parent or guardian)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I agree to indemnify and hold harmless the Town of Manchester, Manchester Youth Aquatics, Inc. D/B/A Manchester Swim Club, (Club) and all of their officers, committee members, agents and employees, from all claims, liabilities, losses damages and expenses which in any way may arise from my child's participation in club activities, including without limitation, all claims which my child and his or her parents or guardians may have for personal injuries. To the best of my knowledge my child is in good physical health and able to participate in all club activities. In case of a medical emergency, I authorize the Club and its coaches to render and seek all necessary medical care.

➤ **Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Please read each statement below and if you understand and agree place your initials in the space next to the paragraph to signify your understanding and agreement:**

➤ **1)** \_\_\_\_\_ In the event my child needs emergency medical care while participating on The Manchester Swim Club swim team program, and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: \_\_\_\_\_,

Name of Hospital

However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

➤ **2)** \_\_\_\_\_ In the event my child needs emergency medical care while on The Manchester Swim Club, I hereby give permission for the hospital to give such emergency treatment as is considered necessary and based on the appropriate medical judgment, including the administration of anesthesia.

➤ **3)** \_\_\_\_\_ I agree to assume all medical expenses incurred by my child while participating on The Manchester Swim Club swim team program.

## MANCHESTER SWIM CLUB EMAIL REMINDER SYSTEM

To be able to keep our parents as well informed as possible, we use an email system. Through emails, we are able to remind you of meets, meet sign-up deadlines, activities, fund raisers, etc.

We also use this system and the cell phone texting system to inform you of any cancellations due to inclement weather or pool problems.

Please give us an email address which you check often. You may give us more than one address (ex. work and home, husband and wife, etc.), however, we are looking for parent or guardian email addresses, NOT swimmer's addresses. Thanks!

### PARENT/GUARDIAN EMAIL INFORMATION

**\* INVOICES WILL BE SENT TO EMAIL ADDRESS # 1**

NAME OF SWIMMER(s) \_\_\_\_\_

\_\_\_\_\_ I WOULD LIKE TO BE PART OF THE EMAIL SYSTEM

1) PARENT NAME \_\_\_\_\_ \*EMAIL ADDRESS \_\_\_\_\_

2) PARENT NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

3) PARENT NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_ I DO NOT HAVE AN EMAIL ADDRESS OR WOULD PREFER NOT TO BE CONTACTED THROUGH THIS SYSTEM. I UNDERSTAND THAT REMINDER PHONE CALLS WILL NOT BE MADE.

### CELL PHONE TEXT ALERT SYSTEM

Name \_\_\_\_\_ cell # \_\_\_\_\_ Cellphone Carrier Service \_\_\_\_\_

Name \_\_\_\_\_ cell # \_\_\_\_\_ Cellphone Carrier Service \_\_\_\_\_

I understand that I will be sent a text message in the case of practice cancellations, emergencies, and important MSC information only. (Please use parent cellphones only, not swimmers). Please note, text messages are a courtesy and are not guaranteed.

➤ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### WEBSITE AGREEMENT

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Manchester Swim Club has an informational website. Meets, practice schedules, meet results, events, etc. are posted to this website. Your child's name may appear on this website (meet results, meets posted, etc.)

Pictures of swimmers may also appear on this website (team pictures, pictures at meets, events, etc.)

No personal information about a swimmer, such as their date of birth or address, will be disclosed on the web site.

Your signature allows us to post your swimmer's name and pictures to this website.

I GIVE MY PERMISSION TO POST MY CHILD'S/CHILDREN'S NAME(S) AND PHOTOGRAPH(S) TO THE MANCHESTER SWIM CLUB WEBSITE. ([WWW.MANCHESTERSWIMCLUB.ORG](http://WWW.MANCHESTERSWIMCLUB.ORG))

➤ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PARENT PHONE LIST

I would \_\_\_\_\_ would not \_\_\_\_\_ like the phone number \_\_\_\_\_ added to a general phone list so that I can be contacted by other parents. The list will be emailed to all members. It will NOT be on the website.

➤ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_