



Wequaquet Lake Yacht Club

# SWIMMING

## 2018 SWIMMING PROGRAM REGISTRATION

I hereby apply for acceptance in the Wequaquet Lake Yacht Club Swimming Program and agree that I will abide by the By-Laws and Rules of the Swimming Program and Wequaquet Lake Yacht Club.

<b>Parent Names:</b>		
<b>Address:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>		

Child's Name	Date of Birth	Program	Fee
<b>Total</b>			

Briefly describe your child's swimming experience, and if applicable, what Red Cross swimming level has been achieved. Please indicate the number of weeks of formal training and which class he or she was enrolled in last summer.

A swimming assessment will be required.

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*\*If you child also participates in our sailing program, please indicate which level and time he or she is enrolled.*

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**Please Note:** All swimmers are required to have three forms on file: (1) Application Form; (2) the Medical/Emergency Form (both pages), and (3) the Authorization to Treat Form. Please complete all forms and remit along with payment.

If you have any questions, please contact us at [swimming@wlyc.com](mailto:swimming@wlyc.com).

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Official WLYC Use Only</b>	
• Application Complete	• Medical/Emergency Form Completed
• Emergency Treatment Authorization	• Fees Paid check # _____



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**WLYC AUTHORIZATION FOR TREATMENT**

In the event my child, \_\_\_\_\_, is injured or ill while participating in the Wequaquet Lake Programs, I hereby give my permission for the administration of all reasonable health care treatment. I expressly authorize any coach, officer, member or volunteer from WLYC to consent to such health care treatment. Such treatment may include but is not limited to x-ray examination, dental, anesthesia, medical or surgical diagnosis or treatment or hospital care. It is given to provide the authority and power to the health care professionals to exercise their best professional judgment. It is understood that efforts will be made to contact me prior to providing such treatment but I also understand that the treatment may occur if I cannot be contacted. I also agree to pay reasonable cost of any such healthcare attention or treatment and to reimburse the Wequaquet Lake, or any person who incurs expenses for this health care treatment.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BEHAVIOR CONTRACT**

I (We), the parents/guardian of \_\_\_\_\_, have read and understand the house rules of The Wequaquet Lake Yacht Club. By signing this document, I (We) understand that, in the event that my/our child breaks any house rule that would result in their removal from the premises, we will respond immediately and pick up our child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PICTURES AND IMAGES**

Each year pictures of the swimmers are taken and used in the end of summer video and occasionally on the WLYC website. If you do not want your child to be in the video or on the website please indicate below.

- I am ok with my child's picture being used by WLYC staff for summer video and website.
- Please do not use my child's picture.



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**WEQUAQUET LAKE YACHT CLUB MEDICAL FORM (1 of 2)**

Please complete a separate form for each child. ALL PAGES (registration form and medical release) MUST BE COMPLETED. Please note: **SEPARATE FORMS ARE NEEDED FOR SWIMMING AND SAILING.**

**1. DEMOGRAPHIC INFORMATION**

<b>Student Name:</b>		<b>Date of Birth:</b>	
<b>Age as of 7/1/14:</b>		<b>Gender:</b>	
<b>Summer Address:</b>			
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Winter Address (if different)</b>			
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Father's name:</b>		<b>Daytime phone:</b>	
<b>Father's Workplace</b>		<b>Cell phone:</b>	
<b>Mother's name:</b>		<b>Daytime phone:</b>	
<b>Mother's Workplace:</b>		<b>Cell phone:</b>	
<b>Email Address:</b>			
Email address will not be published or shared. It is used to notify you of upcoming events.			

**2. EMERGENCY INFORMATION**

If you cannot be reached at the phone numbers above, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
1.		
2.		

**3. MEDICAL INFORMATION**

<b>Doctor/Clinic:</b>	<b>Phone:</b>
<b>Address or town:</b>	
<b>Insurance #</b>	



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**WEQUAQUET LAKE YACHT CLUB MEDICAL FORM (2 of 2)**

Please check those that apply: (Provide necessary details below)

**Chronic Ailments:**

- Asthma or other respiratory problems
- Diabetes or hypoglycemia
- Hemophilia or other bleeding problems
- Circulatory or heart problems
- Other: \_\_\_\_\_

**Allergies**

- Medication  
\_\_\_\_\_
- Latex  
\_\_\_\_\_
- Bee stings/insect bites *If yes, does your child carry an Epipen?*  
\_\_\_\_\_
- Food *Please list foods.*  
\_\_\_\_\_
- Other, if significant  
\_\_\_\_\_

Date of last Tdap (Tetanus/Diphtheria/Acellular Pertussis) SHOT: \_\_\_\_\_

Current medication and dosage, if any: \_\_\_\_\_

*If there is anything other information about your child that you feel would help our swimming instructors teach him or her to the best of their ability, please let us know.*

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