



Wequaquet Lake Yacht Club

Centerville • Cape Cod • MA

Swimming Information

Schedule is TENTATIVE and will have changes as summer approaches based on registration numbers.

Swim classes will meet Tuesdays, Wednesdays, Thursdays.

Class	Before April 1	After April 1	Schedule
Level 1	\$100	\$125	9:00-9:30
Level 2	\$100	\$125	10:30-11
Level 3	\$100	\$125	9:30-10:00
Level 4	\$100	\$125	12:00-12:30 OR 11-11:30 (4/5)
Level 5	\$100	\$125	12:30-1 OR 11-11:30 (4/5)
Level 6 (and swimmers that have passed level 6, but would like to continue stroke development)	\$100	\$125	10-10:30 1-1:30

Swim Team	Fee is included with lesson fee. If child is only participating in swim team, fee is \$75.	Thursdays: 1:30-2:30 (meets) Weekly Practice - TBD Will also include both away and home meets.
-----------	--	--

Please mail complete applications and payments to:

Mary Barth/WLYC Swimming

1017 Shootflying Hill Road

Centerville, MA 02632

Questions? Please email: WLYCswimming@gmail.com

Wequaquet Lake Yacht



Club

SWIMMING

2021 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.

Parent Names:		
Address:		
City/Town:	State:	Zip Code:
Phone:		

Child's Name	Date of Birth	Program	Fee
		Total	

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.

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

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 WLYCswimming@gmail.com

Parent Signature: _____ **Date**



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 health care 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.

Parent Signature: _____ **Date:** _____



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

Student Name:		Date of Birth:	
Age as of 7/1/21:		Gender:	
Summer Address:			
City/Town:	State:	Zip Code:	
Winter Address (if different)			
City/Town:	State:	Zip Code:	
Father's name:		Daytime phone:	
Father's Workplace		Cell phone:	
Mother's name:		Daytime phone:	
Mother's Workplace:		Cell phone:	
Email Address:			
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:

Name	Relationship	Phone Number
1.		
2.		



WEQUAQUET LAKE YACHT CLUB MEDICAL FORM (2 of 2)

3. MEDICAL INFORMATION

Doctor/Clinic:	Phone:
Address or town:	
Insurance #	

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.