



eliminating racism  
empowering women  
**ywca**

DUBUQUE COMMUNITY YMCA/YWCA  
35 North Booth Street  
Dubuque, IA 52001  
563.556.3371

EMERGENCY CONTACT FORM/REGISTRATION FORM

Swimmer's Name:

Home Address:

City, State, Zip:

Age: \_\_\_\_\_ (as of December 1) Birth Date: \_\_\_\_\_

T-shirt size: (circle one) YOUTH or ADULT (circle one) S M L XL

Choice of Physician or Hospital:

Medical Insurance Company:

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Any known Allergies:

Any Medical Condition to be aware of:

Any Medications currently being taken:

Parent E-mail \* Required:

- feel free to give us more than one email address:

- Please make sure email address is readable

- All information is sent via email, if you change email addresses during the season, please email us at **khauber@dubuquey.org** to let us know of this change

Father's Name:

Father's Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Mother's Name:

Mother's Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Permission to treat Minor Child**

I, \_\_\_\_\_, do voluntarily consent to any diagnostic procedure and hospital care, and to such medical, surgical, or x-ray treatment that may be required during my absence and unavailability.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Date)

.....  
**Permission to travel with the Dubuque Community Y- Swim Team**

\_\_\_\_\_ has my permission to travel with the Dubuque Swim Team to out-of-town meets.  
(Swimmer's full name)

\_\_\_\_\_  
(Signature of Parent of Legal Guardian) (Date)

.....  
**Permission for Directory**

If you are interested in being in the directory, please check the areas that you would like displayed:  
Swimmer's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

.....  
**Discipline Policy**

All swimmers and parents are expected to demonstrate the YMCA four core values; caring, honesty, respect and responsibility, at all times. The following behaviors will not be tolerated and will result in discipline: Inappropriate language, horseplay or behavior endangering safety of swimmers, disrespect of other swimmers and/or coaches, including behavior which disrupts the practice session, and any other **inappropriate behavior contingent upon the coach's discretion**. The coaches discipline protocol is: first offense the swimmer will be warned and parents advised of offense; second offense the swimmer will be suspended from practice (and Y), parent will be called to pick up swimmer immediately; third offense the swimmer will be suspended from next swim meet. Any further problems the swimmer may be suspended from the team for remainder of season. The discipline policy will be enforced equitably and parents are **expected to support the coach's decision to enforce**.

Swimmer's signature: \_\_\_\_\_

Parent's signature: \_\_\_\_\_