



WESTMOUNT YMCA MASTERS SWIM TEAM



2009-2010 SEASON

PARTICIPANT INFORMATION : PLEASE PRINT CLEARLY

_____ <input type="checkbox"/> M <input type="checkbox"/> F FAMILY NAME FIRST NAME		Please indicate the section of the Masters in which you will participate: Early Bird <input type="checkbox"/> (MWF 6h20-7h35) Morning* <input type="checkbox"/> (MWF 8h15-9h30) Evening <input type="checkbox"/> (TRF 19h20-20h35) Sunday <input type="checkbox"/> (Su 16h10-17h30) * THIS PRACTICE IS FULL. NEW APPLICANTS WILL BE PLACED ON A WAITING LIST.
DATE OF BIRTH: ____ / ____ / ____ AGE: ____ years (Dec 31, 2009) DAY MONTH YEAR		
ADDRESS: _____ NUMBER STREET APT		
_____ CITY (PROVINCE) POSTAL CODE		
Best phone number(s) to contact you for last minute schedule changes, pool closures, emergencies, etc. _____		
LANGUAGE OF CORRESPONDENCE: <input type="checkbox"/> English <input type="checkbox"/> French		
SWIM TEAM EXPERIENCE: <input type="checkbox"/> First time training with a Masters Swim Team. <input type="checkbox"/> I am a returning Westmount YMCA Masters swimmer (# years with the team _____) <input type="checkbox"/> First time with the Westmount YMCA Masters (# years team experience _____; which club(s) _____)		

E-MAIL CONTACT:

EMERGENCY CONTACTS:

1. **NAME:** _____ Relation: _____
 Tel. # home: _____ Tel. # work: _____ Cell.: _____

2. **NAME:** _____ Relation: _____
 Tel. # home: _____ Tel. # work: _____ Cell.: _____

How did you find out about the Westmount YMCA Masters Swim Team?

Friend F.N.Q. Website Advertisement Poster Other : _____

MEDICAL INFORMATION:

MEDICARE: _____
NUMBER

EXPIRY DATE

Please let us know if you suffer from any of the following:

YES NO

- | | | | |
|--------------------------|--------------------------|------------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizzy spells or blackouts | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Bone or joint problems | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | A heart condition | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies (if yes, please specify) | _____ |

IN CASE OF AN EMERGENCY, I HEREBY AUTHORIZE THOSE RESPONSIBLE FOR MY CARE TO TAKE THE NECESSARY MEASURES TO ENSURE MY HEALTH.

SIGNATURE

DATE

I WANT TO HELP!

All members in good standing of the Masters Swim Team are members of the team's Advisory Committee. The Executive would greatly appreciate the support of all swim team members with any of the team's special events.

I would be available to help with the following activities :

- Social events Team 'MOM'
- Competitions (judging, coordinating, timers) I am a certified level _____ official I want to be trained as an official
- other (please specify below)

Please let us know if there is another area where you see a need, and where you OR your spouse/partner may help out.

TEAM FEES:

The following team fees, cheque made out payable to the WESTMOUNT YMCA MASTERS SWIM TEAM, are included:

- Recreational Masters Swimmer *
administration and social fee * = **\$35.00**
- Competitive Masters Swimmer ✍
\$35.00 team administration and social fee* + \$37.00 FNQ "Masters affiliation fee" + \$83.00 "meet fees" = **\$155.00**

* This is mandatory to be registered with the team.

✍ Please include this fee if you are thinking about competing this year.

➔ Any unused portion left at the end of the year will be returned, or, if you wish, carried over to the next year.

➔ Depending on the number of meets entered, you may be asked to top up the account during the year.

SIGNATURE

DATE

The Montreal YMCA collects personal information on its members and participants in order to manage and offer requested services. Unless you instruct our staff otherwise, this information can also be used to allow the Montreal YMCA to inform you on its community activities, to solicit your feedback on the quality of its services as well as for philanthropic purposes.

Yes, I accept. (1)

No, I do not accept. (0)