



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WALDO COUNTY YMCA 2020/2021 Bluefish Swim Team

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2020/2021 WALDO COUNTY YMCA BLUEFISH SWIM TEAM REGISTRATION

Returning Bluefish members ONLY

Is participant a current YMCA Member (circle): Y / N Member ST# _____
Annual Membership is required for Bluefish Swim Team participation.

Swimmer's Information

Swimmer's Name: _____ Age: _____

Gender: _____ Birth Date: ____/____/____ Current Grade: _____

- 2 days/week, \$100 3 days/week, \$150
- 4 days/week, \$200 5 days/week, \$250

Practices will be assigned to swimmers this year.
Please select whether you plan to attend practice 2, 3, 4 or 5 days a week as a baseline for building practice groups. If your desired amount of practices cannot be met we will system credit any remaining balance.

Caregiver's/Emergency Contact Information

PRIMARY CAREGIVER CONTACT INFORMATION:

Caregiver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Employer: _____ Email: _____

SECONDARY CAREGIVER CONTACT INFORMATION:

Please check if the secondary caregiver is authorized to make changes to childcare account

Caregiver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Employer: _____ Email: _____

EMERGENCY CONTACT INFORMATION: Must be local and over age 16 with a valid state issued ID

Emergency Contact: _____ Relationship to Child: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Information

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Insurance Provider: _____ Policy Number: _____

Policy Holders Name: _____

Participant Signature (*parent/guardian if child is under 18*): _____ Date: ____/____/____

Participation waiver on back must also be signed.

Waldo County YMCA Participant Waiver

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Waldo County YMCA Programs, now or at any time in the future.



In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersign, whether caused by negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

As applicable per program participation:

✓ I hereby authorize the employees of the YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

✓ I hereby authorize the YMCA to use photos and/or videos in promotional activities.

✓ I hereby authorize the employees of the YMCA to administer medication. Important: medications can only be administered with the medication in the prescription bottle. Without the Physicians name and prescription on the label we cannot administer medications.

✓ I hereby authorize the employees of the YMCA to assist in the application of Sun Block when necessary.

✓ I hereby authorize the qualified employees (over the age of 21) of the YMCA to transport by bus or personal vehicle.

✓ I hereby grant my child permission to attend field trips with the YMCA during the school year. Information will be sent home prior to each trip.

Coronavirus / COVID-19 Warning & Disclaimer: Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Waldo County YMCA programs or accessing Waldo County YMCA facilities could increase the risk of contracting COVID-19.** Waldo County YMCA in no way warrants that COVID-19 infection will not occur through participation in Waldo County YMCA programs and activities of accessing Waldo County YMCA facilities.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I Have Read This Release PLEASE Print Name of Participant: _____

Date: _____ Signature of Applicant: _____

Parent/Guardian Signature Necessary if participant is under age 18

Print Name: _____



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NEW TO BLUEFISH THIS SEASON

- Limited practice numbers and assigned practice times- each practice will run 50 minutes to allow for sanitization of any equipment, temperature checks and limited foot traffic. Practices will run from 3:30-4:20, 4:30-5:20, and 5:30-6:20.
- Health screenings will be done outside before entering the building. This includes a temperature check and questionnaire (see next page). Should your child register a fever (temperature of 100.8 or above), or answer no to any questions, they will not be permitted in the building. Please wait for your child to be screened before leaving. Additionally, please be prompt to pick up.
- Swimmers will be asked to sanitize hands upon entering the building.
- No locker room usage- please arrive in your suit, and plan to leave in your suit, for the time being. We are working on securing pop up changing tents for on deck during the winter season.
- 6' distance while in the pool AND on deck for both swimmers and coaches. We have placed tape markers on the edge of the pool for distance while in the water, as well as markers behind blocks and on benches for while on the pool deck.
- Face coverings being worn on deck and throughout the building- yes even for bathroom breaks, coaches included.
- Mandatory shower before entering pool- we have installed a shower on deck for swimmers to use.
- No eating on deck- this is a league rule this season.
- Water Fountains are closed for member use at this time. Be sure to pack a full water bottle.
- No spectators allowed in the observatory/lobby at this time.
- Virtual swim meets- more specifics on this will be posted on TeamUnify.
- No team swim suits this year.
- All shared equipment will be sanitized by coaches after each practice group.

To begin practice: Upon arrival for practice each day, swimmers will undergo a health screening by child care staff or a coach. Once children have been successfully screened, they will wait on the stone 'bench' out in the drop-off area until a coach arrives to walk them through the building. Coaches will lead swimmers through the staff entrance to the pool. Swimmers will walk following the Bluefish logos to the benches to hang face coverings and any gear (clothes, backpacks, etc., 5 lb max). Bringing their water bottles, swimmers will continue to follow the Bluefish to our *NEW* on-deck shower, then line up on or behind the blocks on the 6' marker tape. Once coaches are ready to begin practice, swimmers will enter the pool one 'heat' at a time. Coaches will hand out any needed equipment.

Once practice is completed: Swimmers will exit the pool one 'heat' at a time to return to their bench- swimmers will drop used equipment off at the Bluefish Bin- in the corner under the large pace clock. Once at the bench they must don their face covering. Once all three heats are out, and have their clothes on, coaches will lead the swimmers out the staff entrance to the circle where families will pick up their child promptly at either 4:20, 5:20 or 6:20. We do not have space to facilitate late pick-ups without previous notice at this time. Space may be available for middle school swimmers, for information on our Teen Time Program please email Teen Director Sandi Roman at sroman@waldocountyyymca.org.

HELP **STOP** THE SPREAD

HEALTH SELF-SCREENING QUESTIONS

1. Have you been in close contact with a confirmed case of COVID-19?
2. Are you experiencing a cough, shortness of breath or sore throat?
3. Have you had a fever in the last 48 hours?
4. Have you had a new loss of taste or smell?
5. Have you experienced vomiting or diarrhea in the last 24 hours?
6. Have you been around anyone exhibiting these symptoms in the past 14 days?
7. Are you living with anyone who is sick or quarantined?
8. Have you traveled outside of Maine recently?
Please note the 14 day quarantine may apply.

Thank you for your understanding and cooperation.

Updated June 26, 2020 / Subject to change with Governor updates.



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WALDO COUNTY YMCA

2020/2021 Bluefish Parent/Caregiver Code of Conduct

As a parent/caregiver, I understand the important growth and developmental support that my child(ren)'s participation fosters. I also understand that it is essential to provide the coaching staff with respect and the authority to coach the team.

I agree with the following statements:

- I will set the right example for our children by demonstrating strong sportsmanship and showing respect and common courtesy at all times to the team members, coaches, competitors, officials, parents, and all facilities.
- I will get involved by volunteering (at least 1 parent per child at every home meet), observing practices, cheering at meets, ensuring that my child(ren) arrive at practice and meets timely with necessary fluid and equipment on hand, and talking with my child(ren) and their coach(es) about their progress.
- I will refrain from coaching my child(ren) from the stands during practices or meets.
- I understand that it is my role to be positive and civil at all time and that unfair or personal criticism, name-calling, and/or use of abusive language, gestures, and/or actions directed toward coaches, officials, volunteers, and/or any participating swimmer will not be tolerated.
- I will respect the integrity of the officials and their respective decisions.
- I will direct my concerns:
 1. Coach Winslow
 2. Aquatics Director, Eryn Thostenson
 3. CEO, Russell Werkman

I understand the above expectations and that my failure to adhere to them may result in an inability for me as a parent/guardian to participate in Bluefish swimming. My signature on this document certifies that I have read the Parent Handbook.

Caregiver 1 signature: _____

Date: _____

Printed name: _____

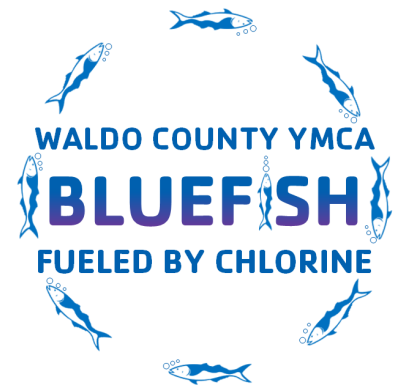
Caregiver 2 signature: _____

Date: _____

Printed name: _____



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BLUEFISH PARTICIPATION PLEDGE WALDO COUNTY YMCA

As a swimmer, representing the Waldo County YMCA, I promise to:

1. Follow pool and facility rules by:
 - Walking on pool deck because running is dangerous to myself and others.
 - Keeping my hands to myself and not engaging in horseplay.
 - Using appropriate language and tone of voice at all times.
 - Not eating on deck.
 - Wearing my face covering at all times (when not in the pool).
2. Remain on deck during swim meets leaving only when necessary and with permission.
3. Follow the YMCA Core values of Caring, Honesty, Respect and Responsibility by:
 - **CARING** – I will consider the needs and feelings of others, and be courteous to those around me both on and off the deck. I will support my teammates by helping them in any way I can, by cheering them on and congratulating them after their swims.
 - **HONESTY** – be trustworthy, truthful, leave with what I came with.
 - **RESPECT** – I pledge to treat others *and myself* with dignity and respect. I will show respect to my teammates through my actions and attitude – I will speak kindly and support and encourage them as my teammates. I will show respect to coaches and lifeguards by following directions and speaking to them in an appropriate tone.
 - **RESPONSIBILITY** – I will put things back where I found them, and follow the guidance of the YMCA staff and volunteers. I pledge to be a role model for my peers and teammates by modeling positive and respectful behavior.
4. And lastly, as a Bluefish swimmer, I promise to never participate in bullying and I promise to tell a Coach, a Lifeguard or an adult immediately if I see a teammate, a friend or another person get bullied.

I understand that if I choose not to follow any of the above rules that the Waldo County YMCA Disciplinary Policy may be applied at the discretion of the coaches.

As a Waldo County YMCA Bluefish swimmer, I agree to try my best to follow the above standards and represent my team with pride and respect.

Swimmer Signature: _____

Parent/Caregiver Signature: _____

Date: ____/____/____



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Bluefish Directional Traffic

