

Franklin County Family YMCA
SWIM TEAM PROGRAM REGISTRATION FORM -- SCHOOL YEAR 2009-10
 PLEASE COMPLETE ALL REQUESTED INFORMATION

PRINT name of individual registering for YMCA program

<input type="checkbox"/> Male	<input type="checkbox"/> Female	
_____	_____	_____
Date of Birth	Age	_____
_____	_____	_____
Home Phone #	_____	_____
_____	_____	_____
Swimmer Cell #	_____	_____
_____	_____	_____
Reminder: Swim Team participants in this league MUST be YMCA members.		

Last Name _____ Given First Name _____ Middle Name _____

Address _____ Goes by Name _____

City _____ State _____ Zip Code _____

Swimmer Email Address: _____

Swimmer Experience: _____ years on a swim team _____ years swim lessons Is on High School Swim Team

1) Name of Primary Parent Contact for Swim Team: _____ Mom Dad _____

Home # _____ Work # _____ Cell # _____

Email Address _____ Do you check your email regularly: Yes No

2) Name of Other Parent Contact for Swim Team: _____ Mom Dad _____

Home # _____ Work # _____ Cell # _____

Email Address _____

3) Emergency Contact if Parents cannot be reached _____ Phone # _____

Release of Liability & Acceptance of Responsibilities

- I understand that participating in any type of fitness activity or program involves a risk of injury. I acknowledge that the YMCA recommends physician approval for participation in any fitness activity or program be obtained. With this understood, I hereby agree to expressly assume and accept any and all risks to myself (or my child who is participating) and release the Franklin County Family YMCA, all sites where YMCA programs are conducted, YMCA employees, program leaders, board members, and other representatives, from any responsibility or liability for injury while participating in a YMCA program or activity. In signing this release, I acknowledge that I am aware of the risks and that I assume all liability. I further understand that all YMCA policies, principles and practices must be observed and it is my responsibility to read and comply with all published and posted rules. **I have read the Swim Team 2009-10 flyer and understand the requirements for eligibility, swim attire, and fees.**
- I understand that a successful swim team program depends on positive and active parental involvement, including both encouragement and support of the swimmer and regular volunteering in the program. I also understand because of the nature of the sport, parents are needed to help in all swim meets. **Therefore, it is understood that at least one adult from our family will serve in a volunteer capacity during the majority of home and away swim meets.**
- I have read, understand, and agree to comply with the "YMCA Program Participation and Payment Policies" on the reverse side of this form.

I am registering my child to participate in Swim Team and I am paying:

- the one-time program fee payment which is attached.
- the four-time monthly program fee payment. Payment for the first month is attached. I understand it is my responsibility to see that monthly payments are submitted by the 1st of November, December and January and the first payment beginning October 13th and that a late fee of \$5 will be due if not paid by the 7th of the following months.



PLEASE DO NOT SIGN UNLESS YOU HAVE READ & AGREE TO ABOVE.

Signature of parent or guardian _____ Date _____

YMCA STAFF to complete this section BEFORE PARTICIPANT LEAVES THE FRONT DESK

- I verified participant is a member (Note: Since Y Membership is a league requirement, we will make exception on 13 year old age minimum for Swim Team participants.)
- IMPORTANT: I've made copy of this form and put in Maggie's mailbox so swimmer can be entered on Team Manager.

Date Monthly Due	10/05/09	11/01/09	12/01/09	01/01/10
Payment Due (\$244 for season due 10/5or \$61 per month)				
\$ 5 Late Fee Due after 7th of month				
Payment Recd				
Date Payment Recd				
Staff Initials				