



**POCONO FAMILY YMCA  
WINTER COMPETITIVE SWIM TEAM**

2016-2017 REGISTRATION (October 3 – February 24, 2017)



Family Info: **(PLEASE MAKE SURE TO FILL OUT BOTH SIDES OF REGISTRATION FORM)**

Family Last Name: **(Not Swimmer's Name)** \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Family Email: **(Required)** \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

**>PRACTICE SCHEDULE:**

Please indicate below checking the box to the left of your intended practice attendance to help us schedule coaches effectively. This does not obligate you to this schedule and can change at any time it just let us know of any changes.

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>● <b>POCONO MOUNTAIN WEST HS:</b><br/>Mon, Wed, Fri – 6:00-8:30pm<br/>(Practice times will vary for each practice group)</li> <li>● <b>EAST STROUDSBURG SOUTH HS:</b><br/>Mon, Wed - 6:00-8:30pm, Tues &amp; Thurs - 6:30-8:30pm<br/>(Practice times will vary for each practice group)</li> <li>● <b>POCONO MOUNTAIN EAST:</b><br/>Tues &amp; Thurs - 6:30-8:30pm<br/>(Practice times will vary for each practice group)</li> <li>● <b>STROUDSBURG INTERMEDIATE:</b><br/>Tues, Thurs - 6:30-8:45pm <b>(SENIOR GROUP ONLY)</b></li> </ul> | <ul style="list-style-type: none"> <li>● <b>LEHMAN INTERMEDIATE:</b><br/>Mon, Wed, Fri – 6:00-8:30pm, Tues &amp; Thurs - 6:30-8:30pm<br/>(Practice times will vary for each practice group)</li> <li>● <b>POCONO FAMILY YMCA:</b><br/>Saturday - 6:00 am-8:00 am * (SENIOR GROUP) TBA<br/>Sunday – 9:00 am – 12:00 noon * (SENIOR GROUP) TBA</li> </ul> <p>** (Practice times will vary for each practice group)<br/>* Saturday Practices are not on scheduled Meet Days.<br/>**Sunday Practices only when Scheduled.<br/><b>Pool availability can be adjusted due to enrollment.</b></p> |
|--|---|

Note: All swimmers will be placed in practice groups by ability and swimming performance not by age. Qualifying times and age requirements for each practice group are posted on our team's website.

**MEET SCHEDULES, TEAM RULES & PRACTICE SCHEDULES ARE POSTED ON TEAM WEB SITE – WWW.PFYSWIM.ORG**

| <b>WINTER TEAM AND YEAR ROUND PAYMENT PLANS ARE AVAILABLE</b>  |   |
|--|---|
| <b>11 &amp; Up: \$405.00</b> _____ <b>9-10: \$315.00</b> _____   | * <b>High School (Local District) : \$165</b> _____<br>* High School Swimmers must be an <b>active member</b> of a High School Swim Team. (East Stroudsburg, Stroudsburg, Pocono Mountain School Districts Swimmers only) |
| <b>8 &amp; Under: \$225.00</b> _____   | * <b>High School (Non-District) : \$255</b> _____<br>* High School Swimmers must be an <b>active member</b> of a High School Swim Team. (All other School District High School Swimmers)                                  |
| <b>Total fees:</b> _____<br>Make Check Payable to <b>Pocono Family YMCA</b>  |   |
| <b>YMCA MEMBERSHIP IS REQUIRED TO JOIN WINTER SWIM TEAM:<br/>YMCA Membership fees are not included in Team Fees.</b> |   |

**>Office Use Only:** - Please indicate membership expiration on the back page for each swimmer.

Membership Verified: \_\_\_\_\_ (init) Amt Collected: \_\_\_\_\_ (Cash) (Check) (Credit Card)

Receipt #: \_\_\_\_\_ (Monthly Bank Draft) \_\_\_\_\_

**MAKE SURE EACH CHILD IS LISTED BELOW AND ALL INFORMATION IS COMPLETED.**

|    | Swimmer Name /s<br>First, Middle Initial, Last |   |                   | YMCA Membership<br>Expiration Date<br>(Office Use Only) | Date of<br>Birth | Sex<br>F or M | Medical Conditions or Special Notes |
|----|--|---|-------------------|---|------------------|---------------|-------------------------------------|
| EX | Joseph   | W | Swimmer (Example) | 4/06  | 10/15/89         | M             | None                                |
| 1  |  |   |                   |   |                  |               |                                     |
| 2  |  |   |                   |   |                  |               |                                     |
| 3  |  |   |                   |   |                  |               |                                     |
| 4  |  |   |                   |   |                  |               |                                     |
| 5  |  |   |                   |   |                  |               |                                     |
| 6  |  |   |                   |   |                  |               |                                     |

**Please acknowledge each notice with an initial**

\_\_\_\_\_ I understand there is a volunteer requirement of 10 hours for the season and agree to participate or **agree to buyout volunteer hours at a rate of \$15/hr**

\_\_\_\_\_ I understand that we are part of a team and are expected at all dual meets and Championships. Absences will be approved for vacation and illness.

\_\_\_\_\_ I understand that we are expected to promote a positive atmosphere which entails being our child's biggest supporter, not a critic or a coach and bring any concerns or issues to the director not other parents.

>**CHECKS:** All checks payable to the **(POCONO FAMILY YMCA)**

>**TEAM INFORMATION AND UPDATES:** Will be posted on our "Team Web Site".

>**TEAM HANDBOOK & TEAM RULES:** Team Handbooks will be distributed through email & on team website. "Team Rules" can be viewed online at our team's web site.

>**TEAM PRACTICE EQUIPMENT:** Each swimmer will need to purchase practice equipment depending on assigned practice group. Practice equipment can be purchased through our online store <http://store.pfyswim.org> Equipment list is posted on our team's web site. Please speak with Coach Mike if this creates financial difficulty for you.

>**COMMUNICATION:** We use our team web site and email for a large part of our communication. **WWW.PFYSWIM.ORG** All team information as well as any practice or event changes will be posted on the web site and through team email.

>**CONSENT & AUTHORIZATION:**

IN CONSIDERATION OF ACCEPTANCE OF MY APPLICATION FOR FALL CONDITIONING, I INTEND TO BE LEGALLY BOUND, NO ONLY FOR MYSELF BIT ALSO FOR MY HEIRS, MY EXECUTORS AND MY ADMINISTRATIONS. IN SIGNING THIS RELEASST FROM LIABILITY, I WAIVE AND RELEASE EVERYONE CONNECTED WITH THIS COURSE FROM ANY AND ALL LIABILITY WHICH MAY ARISE FROM THIS COURSE.

>**REFUND POLICY** – all requests for refunds must be submitted in writing One month before the start of the program -- 90% cash / 100% credit, Two weeks before the start of the program – 75% cash / 100% credit, One week before the start of the program -- 60% cash / 80% credit, After the start of the program -- 50% cash / 75% credit, After the program has ended -- No refunds or credits

>**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_