



POCONO FAMILY YMCA BLUE GILLS SUMMER SWIM TEAM 2017 REGISTRATION (June 19 – July 29, 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:

Dansbury Park: Mon-Thurs (PM): 7:00-8:30 (11&Up), 7:00-8:00PM (10&Under)

Meets are normally held on Tuesday and / or Thursday evenings.

8 & Under: YMCA MEMBER: \$70.00 _____ NON-Member: \$110.00 _____	9-10: YMCA MEMBER: \$80.00 _____ NON-Member: \$120.00 _____
11-12: YMCA MEMBER: \$100.00 _____ NON-Member: \$140.00 _____	13 & Up: YMCA MEMBER: \$110.00 _____ NON-Member: \$150.00 _____

Registration fee per swimmer: \$15.00 _____ (Includes "BlueGills" Team Shirt & Team Cap)

After June 23rd, 2017

Late registration fee per swimmer: \$20.00 _____ (Includes "BlueGills" Team Shirt & Team Cap)

Total fees: _____ Make Check Payable to **Pocono Family YMCA**

**YMCA MEMEBERSHIP IS NOT REQUIRED TO JOIN THE BLUE GILLS SUMMER SWIM TEAM:
YMCA Membership fees are not included in Team Fees.**

>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 First, Middle Initial, Last			YMCA Membership Expiration Date (Office Use Only)	Date of Birth	Sex 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

____ Upon registration for program with the YMCA all families must supply email address and cell phone number at registration to insure timely communication and access to all information.

____ I understand there is a volunteer requirement of 10 hours for Summer Swim Team. I agree to participate or I agree to a buyout volunteer hours at a rate of \$15/hr

____ I understand that we are part of a team and are expected at all summer league 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.

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

> **TEAM RULES:** "Team Rules" can be viewed online at our teams 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 teams 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.

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

>**CONSENT & AUTHORIZATION:** IN CONSIDERATION OF ACCEPTANCE OF MY APPLICATION FOR SWIM TEAM, I INTEND TO BE LEGALLY BOUND, NO ONLY FOR MYSELF BIT ALSO FOR MY HEIRS, MY EXECUTORS AND MY ADMINISTRATIONS. IN SIGNING THIS RELEASE FROM LIABILITY, I WAIVE AND RELEASE EVERYONE CONNECTED WITH THIS COURSE FROM ANY AND ALL LIABILITY WHICH MAY ARISE FROM THIS COURSE.

>**REFUND POLICY** – Please refer to the Pocono Family YMCA refund policy which is subject to change at any time.

>**PARENT / GUARDIAN SIGNATURE:** _____ **DATE:** _____