



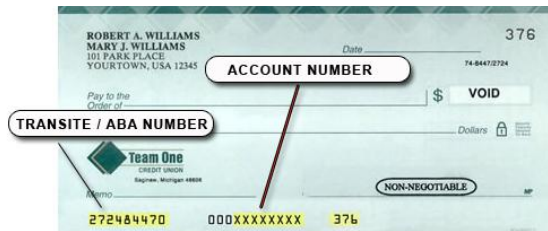
**2017-2018 POCONO FAMILY YMCA  
PIRANHAS COMPETITIVE SWIM TEAM  
PAYMENT PLAN AUTHORIZATION**  
email: mike@pfyswim.org - online: www.pfyswim.org



Banking rules require that you give your approval to pay your bill in this way. This approval is active until May 1, 2018 or until you notify us that you want to stop using Automatic Payment and withdraw from the swim team. Automatic Payment is safe, efficient, and consumer friendly. Banking law protects consumers from ever having to worry about someone taking money from their account using Automatic Payment in an unauthorized manner.

<b>DIRECT PAYMENT AUTHORIZATION</b>					
I hereby authorize the Pocono Family YMCA to initiate entries to my checking account at the financial institution listed below. This authority will remain in effect until thirty days after I provide written notice to cancel or until May 31, 2014. If written notification is not received within 30 days no refunds will be made.					
_____ Your Name (Please Print)			_____ Bank or Credit Union Name		
_____ Your Address			_____ Bank or Credit Union Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
_____ Account Number (See Sample Below)			_____ Transit / ABA Number (See Sample Below)		
_____ Your Signature			_____ Today's Date		

*(Please attach a copy of or a void check – deposit slips don't work)*



If you wish to pay by credit card please Check the box (  ) and provide the front desk person with your credit card information when you register at the YMCA.

Swimmers Name	Age	Draft Amount
Total Draft to be taken on 1st of each month		

Payment amounts and schedule:

8 & Under: Monthly Price .....	Amount: <u>\$50.00</u>
9-10: Monthly Price .....	Amount: <u>\$65.00</u>
11-12: Monthly Price .....	Amount: <u>\$75.00</u>
13 & Up: Monthly Price .....	Amount: <u>\$80.00</u>
High School (Local District): Monthly Price .....	Amount: <u>\$60.00</u>
High School (Non-Local District): Monthly Price .....	Amount: <u>\$70.00</u>

This payment plan will go from June 1, 2017 until the last payment on May 1, 2018, unless 30 days written notice is received to cancel. YMCA Membership is required and must stay current to stay in good standing.

**Requirements: ALL NEW SWIMMERS ARE REQUIRED to TRY-OUT** for the Piranhas Competitive Summer Swim Team. You will need to **SCHEDULE a TRY-OUT** by calling **570-421-2525 ext. 126** or by sending an email to request a **TRY-OUT** to [mike@pfyswim.org](mailto:mike@pfyswim.org).

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fathers Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Cell#: \_\_\_\_\_ Email: \_\_\_\_\_ (REQUIRED)  
 Mothers Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Cell#: \_\_\_\_\_ Email: \_\_\_\_\_ (REQUIRED)

<b>MAKE SURE EACH CHILD IS LISTED BELOW AND ALL INFORMATION IS COMPLETED.</b>						
	<b>Swimmer Name /s First, Middle Initial, Last</b>	<b>YMCA Mem. Ex Date (Office Use Only)</b>	<b>Date of Birth</b>	<b>T- Shirt Size</b>	<b>Sex F or M</b>	<b>Medical Conditions or Special Notes</b>
<b>E X</b>	Joseph W. Swimmer (Example)	4/06	10/15/89	XL	M	None
1						
2						
3						
4						
5						

**TEAM RULES:** can be downloaded from our team web site as a PDF file.

**TEAM SUITS:** All orders are placed using our Team's Online Store by going to <http://store.pfyswim.org> . All orders will be shipped to your home from D & J Sports.

**TEAM T-SHIRTS & TEAM SWIM CAPS:** There will be a \$15 Registration fee for Summer Team and a \$20 Registration fee per swimmer for Winter Team (included is a Team T-Shirt and Team Cap). All members are required to wear a team suit, team cap and team t-shirt at all meets.

**TEAM FINS & EQUIPMENT:** Each swimmer is required to purchase practice equipment. All equipment can be purchased through our online store <http://store.pfyswim.org>.

**COMMUNICATION:** Team web site is used for communication. [WWW.PFYSWIM.ORG](http://WWW.PFYSWIM.ORG) All team information as well as practice or event changes will be posted.

**>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.

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