



**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 10, 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.

DIRECT PAYMENT AUTHORIZATION

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

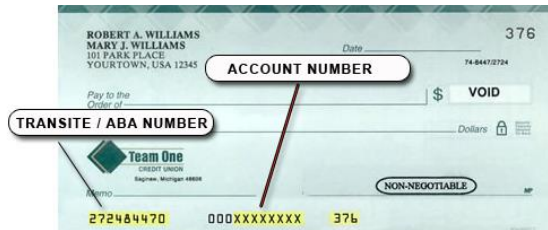
Account Number (See Sample Below)

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</u>
9-10: Monthly Price	Amount: <u>\$65</u>
11-12: Monthly Price	Amount: <u>\$75</u>
13 & Up: Monthly Price	Amount: <u>\$80</u>
High School (Local District): Monthly Price	Amount: <u>\$60</u>
High School (Non-Local District): Monthly Price	Amount: <u>\$70</u>

This payment plan will go from June 10, 2017 until the last payment on May 10, 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.

Family Name: _____ Date: _____

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

Home Phone: _____ Alt Phone: _____

Email: _____ **(REQUIRED)**

Fathers Name: _____ Home#: _____ Work#: _____

Cell#: _____

Mothers Name: _____ Home#: _____ Work#: _____

Cell#: _____

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

	Swimmer Name /s First, Middle Initial, Last	YMCA Mem. Ex Date (Office Use Only)	Date of Birth	T- Shirt Size	Sex F or M	Medical Conditions or Special Notes
E X	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 Swim Team and a \$20 Registration fee per swimmer for Winter Team (included in the registration fee are a Team T-Shirt and Team Cap. All team 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 fins, a practice suit and racing goggles. All equipment can be purchased through our online store <http://store.pfyswim.org>. For Equipment list go to our Team Web Site and go to the Practice & Meet Equipment List. A List can be found online by practice groups.

COMMUNICATION: We use our team web site 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.

>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:** _____