



POCONO FAMILY YMCA
TAKE YOUR MARK SWIM TEAM
FALL (2) 2017 REGISTRATION
 (October 31 – December 15, 2017)
 (REGISTRATION OPENS 10/20/17)



Boys and Girls in the following Ages: 12 & Under - Swimmers are required to be able to swim 25 yards freestyle and 25 yards backstroke without flotation or assistance and pass simple entrance test.

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

Family Name: _____ (Not Swimmer Name) Date: _____

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

Home Phone: _____ Alt Phone: _____ Email: _____ **(REQUIRED)**

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

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

>PRACTICE SCHEDULE: (PRACTICE TIMES ARE SUBJECT TO CHANGE DUE TO ENROLLMENT AND SCHOOL SCHEDULES) Please indicate below your intended practice attendance to help us schedule coaches effectively.

<input type="checkbox"/> Stroudsburg Intermediate School: Tues & Thurs (PM): 6:30-7:15pm (Program Limit 40) <input type="checkbox"/> Pocono Mountain West: Wed & Fri (PM): 6:00-6:45pm (Program Limit 20) <input type="checkbox"/> Lehman Intermediate School: Tues (6:30-7:15) & Thurs (PM): 6:30-7:15 (Program Limit 40)	<p>12 & Under Swimmers Only</p> <p>Performance Requirements: Take Your Mark Swimmers must be able to swim 25 yards of free (front crawl stroke) with rotary breathing & 25 yards of backstroke</p> <p>FLOATATION DEVICES ARE NOT PERMITTED</p>
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12 & Under: YMCA MEMBER \$65.00 _____	12 & Under: NON -YMCA MEMBER \$95.00 _____
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**YMCA MEMEBERSHIP IS NOT REQUIRED TO JOIN TAKE YOUR MARK 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	T-Shirt Size	Sex F or M	Medical Conditions or Special Notes
EX	Joseph W. Smith (Example)	4/06	10/15/89	XL	M	None
1						
2						
3						
4						
5						
6						
7						
8						

>NEW SWIMMERS / TRY OUT REQUIREMENTS:

ALL NEW SWIMMERS ARE REQUIRED to TRY-OUT. To **SCHEDULE a TRY-OUT** go online **WWW.TRYOUT.PFYSWIM.ORG**

> 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 and will be sent out by email.

>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.

>CHECKS:

Make all checks payable to the **POCONO FAMILY YMCA**

>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 - system credit with a Doctor's note.

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