



Pocono Piranhas Spring Swim Team

Starts Monday April 4, 2011 – June 10, 2011

For More Information Call 570-421-2525 ext. 320

- Pocono Mountain West** – 6:00–8:30pm* (M & W, F) (10&Under 6:00-7:00)(11 & Up 6:00-7:30pm)*
- Lehman Intermediate School Pool** - 6:00 - 8:30pm* (M & W, F) (10 & Under 6:00-7:00)(11 & Up 6:00-8:00PM) (TU-TH) (10&Under 6:30-7:30)(11 & Up 6:30-8:30pm)*
- East Stroudsburg South Pool** – 6:00–8:30pm* (M & W, F) (10&Under 6:00-7:00)(11 & Up 6:00-7:30pm)* (TU-TH) (10&Under 6:30-7:30)(11 & Up 6:30-8:30pm)*

*Swimmers may be assigned to practice groups by ability. (Swimmers may attend all Locations)

Who:	<u>Any</u> swimmer wishing to improve their Stroke Technique, train for YMCA, USA swimming meets, YMCA Nationals, stay in shape or get ready for summer swim team. (Swimmers must pass simple entrance test) (Meets are available on Weekends)
Fees:	<input type="checkbox"/> \$125.00 (Members) - \$145.00 (Non-Members) - Dates: 4/4/11 – 6/10/11

Indicate session choice(s) by checking appropriate box - Make check payable to “Pocono Family YMCA”

For more information - Go to the Piranhas Web Site - <http://pfyswim.org> or <http://poconoyymca.org>

Pocono Family YMCA Spring Swim Team 2010

First Name _____ MI _____ Last Name _____

Birth Date _____ Sex _____ Home Phone # _____ Work Phone _____

Parent 1 Cell _____ Parent 2 Cell _____ Email _____

Address _____

City _____ State _____ Zip _____

Brief medical history: (allergies, physical impairments, or any information that may be helpful to the coaching staff)
(MEDICINE NOT GIVEN WITHOUT AUTHORIZATION FOR MEDICATION FORM, SIGNED BY DOCTOR!)

IN CONSIDERATION OF ACCEPTANCE OF MY APPLICATION IN WINTER SWIM TEAM, I INTEND TO BE LEGALLY BOUND, NOT ONLY FOR MYSELF, BUT 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: If YMCA cancels a class or program there will be a 100% cash or program refund. If participant withdraws:
1 month before the start of program 90% cash/ 100% credit, 2 weeks before start of program 75% cash/ 100% credit,
1 week before start of program 60% cash/ 80% credit, The start of the program 50% cash/ 75% credit

PARENT/GUARDIAN SIGNATURE _____ Date _____

Final Payment Information ACCT# 1302321

Amt Paid _____

Paid by Ck# _____ Cash _____ CC _____ Receipt # _____ Date _____ Mem Exp Date _____