



# Pocono Family YMCA

## “Take Your Mark” Developmental Swim Team

For More information call 570-421-2525 ext. 121 (Registration opens 8/5/11)

(August 10 - August 26, 2011 Session)

Stroudsburg Park Pool - 9:30–10:30am (Wednesdays & Fridays) – (Location Program Limit: 30)

<b>Who:</b>	<b>Boys and Girls in the following Ages: 13 &amp; Under</b> - Swimmers are required to be able to swim 25 yards freestyle and 25 yards backstroke without flotation or assistance and pass simple entrance test.
<b>Fees:</b>	<input type="checkbox"/> \$35.00 (Members) - \$45.00 (Non-Members)

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

For more information and team rules - Go to the Official Piranhas Web Site - [WWW.PFYSWIM.ORG](http://WWW.PFYSWIM.ORG)

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Pocono Family YMCA “Take Your Mark” Swim Team (August 10 - August 26, 2011 Session)

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 WILL NOT BE GIVEN WITHOUT AUTHORIZATION FOR MEDICATION FORM, SIGNED BY DOCTOR!)**

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IN CONSIDERATION OF ACCEPTANCE OF MY APPLICATION IN PRE-COMPETITIVE 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 \_\_\_\_\_

### PLEASE CHECK BOX FOR PRACTICE LOCATION BELOW

Stroudsburg Park (AM) - Location Limit - 30

#### Final Payment Information - ACCT# 1302321

Amt Paid \_\_\_\_\_

Paid by Ck# \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Mem Exp Date \_\_\_\_\_

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