



Pocono Family YMCA

“Take Your Mark” Developmental Swim Team

For More information call 570-421-2525 ext. 121
Registration Opens 12/23/11



(January 3 – March 30, 2012 Session)

Lehman Intermediate School – 6:00–7:00pm (Wednesdays & Fridays) – (Location Program Limit: 40)
Pocono Mountain West High School – 6:00–7:00pm (Wednesdays & Fridays) – (Location Program Limit: 40)
Stroudsburg Intermediate School - 6:30–7:30pm (Tuesday & Thursdays) – (Location Program Limit: 50)

Who:	Boys and Girls in the following Ages: 13 & 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.
Fees:	<input type="checkbox"/> \$95.00 (Members) - \$115.00 (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**

Pocono Family YMCA “Take Your Mark” Swim Team (January 3 - March 30, 2012 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!)

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

<input type="checkbox"/> Lehman Intermediate – Location Limit - 40	<input type="checkbox"/> Pocono Mountain West – Location Limit - 40 <input type="checkbox"/> Stroudsburg Intermediate - Location Limit - 50
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Final Payment Information - ACCT# 1302321

Amt Paid _____

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