



Dolphins Swim Team Registration

Swimmer #1 Information *Must be a Y member to register*

First Name _____ Middle Name _____ Last Name _____

Birthday _____ Age _____ Shirt Size _____ Shoe/Fin Size _____

School _____ Grade _____

Training Group Ages 5–8 Ages 9–12 Ages 13–18 High School Boy Swimmer High School Girl Swimmer

My Swimmer Needs Equipment & Equipment Bag (bag, fins, kick board, pull buoy) Yes No

Swimmer #2 Information *Must be a Y member to register*

First Name _____ Middle Name _____ Last Name _____

Birthday _____ Age _____ Shirt Size _____ Shoe/Fin Size _____

School _____ Grade _____

Training Group Ages 5–8 Ages 9–12 Ages 13–18 High School Boy Swimmer High School Girl Swimmer

My Swimmer Needs Equipment & Equipment Bag (bag, fins, kick board, pull buoy) Yes No

General Information

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name(s) _____

Primary Phone _____ Secondary Phone _____

Email _____

Emergency Contact _____ Phone _____

Cost *Monthly payments will be drafted on the 1st. October 2020–February 2021.*

Ages 5-8 – \$250 or \$50/month Ages 9-12 – \$300 or \$60/month Ages 13-18 – \$350 or \$70/month

High School Girls – \$210 or \$70/month (Dec 2020–Feb 2021) High School Boys – \$110 or \$55/month (Oct/Nov 2020)

Number of Swimmers _____ **Total Due \$** _____ **Total Monthly Cost \$** _____

_____ *initial*

I understand that if I borrow equipment from the YMCA, I am responsible for its return at the end of the season. If the equipment is not returned, I understand my account will be charged to cover the cost of new equipment.

Emergency Health Form – Swimmer #1

Name of Child _____

Please list all medications your child is currently taking *(All information will be kept confidential)*

Please indicate if your child has any of the following

Asthma Diabetes Epilepsy Other _____

Allergies (please list) _____

Any Restrictions on Activities? _____

Emergency Health Form – Swimmer #2

Name of Child _____

Please list all medications your child is currently taking *(All information will be kept confidential)*

Please indicate if your child has any of the following

Asthma Diabetes Epilepsy Other _____

Allergies (please list) _____

Any Restrictions on Activities? _____

Health Contacts

Name of Family Physician _____ Phone _____

Name of Dentist _____ Phone _____

Medical Insurance Carrier _____ Policy # _____

Payment *Please select method of payment and provide necessary information*

- Credit Card – pay on the 1st of each month
- Bank Draft – Pay with bank account on file the 1st of each month
- Pay total balance now

Bank Draft - *Voided Check or Bank Verification Needed*

Checking Savings

Account Holder(s) _____

Routing Number _____

Last 4 digits of account number _____

Credit/Debit

Visa Master Card Discover

Card Holder _____

Card Number XXXX-XXXX-XXXX-_____

Expiration Date _____ / _____

Program Draft Agreement *please initial each line*

- _____ This program draft agreement form allows the YMCA of Greater Michiana to automatically charge the account listed above according to the billing schedule.
- _____ I understand that the fees will be deducted from my account during the duration of the program or until I withdraw my child following the program policy and pending approval by Y administrative staff residing over the program.
- _____ Insufficient funds may be attempted up to 3 times proceeding the original draft date, by our collections department, and are subject to a late fee.
- _____ Non-payment will result in suspension in the usage of the program, may require payment in full, or alternative means of payment before attendance. All past due balances must be paid before attendance or registering for any other programs.
- _____ I understand that it is my responsibility to keep the YMCA of Greater Michiana informed of any changes in billing as well as emergency and personal contact information in relation to the program.

Signature _____ Date _____

Photo Release Statement

Photo Video Release: I hereby give the YMCA of Greater Michiana, to it's nominees, agents, assigns and to the photographer, my unlimited consent and permission, waiving all claims for compensation by reason thereof or for damages by reason thereof, to use, publish/broadcast, republish/rebroadcast or exhibit in the furtherance of its work, with or without identification of me by name, the photographs and video are taken for the promotion of the YMCA of Greater Michiana.

Liability Release: I hereby release the YMCA of Greater Michiana (as well as its successors and assigns) from any an all claims for damages, whether to person or property, arising from any accidents or injuries, direct or indirect, which are caused or arise from my participating in the promotion of the YMCA of Southwest Michigan.

Signature _____ Date _____

OFFICE USE ONLY

Desk Staff _____ Date _____

Payment Method on file Unit ID _____