**Spring/Summer 2014 HEAT Registration Form**

Swimmer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Initial Last Birthdate

Registration for:

 □ April (3 weeks) □ May □ June □ July □ August (1/2 month)

Group 1 □ full practice - $79.00/ month □ 2 days/week practice - $48.50/ month

Group 2 □ full practice - $99.00/ month □ 2 days/week practice - $61.50/ month

Group 3 □ full practice - $109.00/ month □ 2 days/ week practice - $68.50/month

Group 4 □ full practice - $119.00 per month □ 2 days/ week practice - $74.50/month

Group 5 □ full practice - $139.00 per month □ 2 days per week practice - $87.50 per month

 (*only offered April-May for Group 5*)

Booster Club Fee: □ $25.00 per family (required if swimming June – August)

USA Swimming Fee: □ $60.00 (only if not registered for short-course season)

Please use contact information from last season: □ Please use updated information below: □

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_ Cell 2: \_\_\_\_\_\_\_\_\_\_\_\_

Contact Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, and the parent/guardian cannot be reached, please contact:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration will not be accepted for individuals that have a balance due for any previous season’s fees. All checks should be made payable to CCYMCA.

**REMINDER: You must be a YMCA member. See member services desk for details.Spring / Summer 2014 HEAT Waiver**

Swimmer(s) Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of you accepting my registration with the Champaign County YMCA HEAT, I hereby for myself, my heirs, executors and administrator, waive, release, and forever discharge any and all rights and claims against sponsoring organizations, coaches, other swimmers, adults aiding in the program, etc., and/or their designates for any and all damages which may be sustained and suffered by my child(ren) in connection with their participation or other association with HEAT, including but not limited to my traveling to or participating in and returning from any HEAT event.

My child(ren) are fully covered by my insurance. I hereby authorize any registered physician or licensed hospital to perform any treatment they judge necessary in an emergency.

As a parent/guardian, I hereby consent to the conditions stated above:

Signature of parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency, and the parent/guardian cannot be reached, please contact:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any pre-existing health conditions your child may have that the coaching staff should be aware of:

**HEAT Swim Team Agreement**

1. Team fees are charged on a monthly basis on the 1st of the month. Parents have the option to pay by automatic draft from credit card, checking or savings accounts. You will be billed for the season (April-August) as per your indications on the registration form.
2. Fees are based on enrollment, not attendance; **no adjustment will be made for non-attendance**.
3. *If an athlete attends two or more practices during a particular month, they will be charged for that month whether the registration form shows registration for that month or not.*
4. Payment must be made prior to attendance in the program.
5. Your monthly bank/credit card statement is your receipt of payment.
6. All returned checks or bank drafts will be charged a return fee of $25.00 per transaction.
7. It is your responsibility to read and understand the policies set forth in the parents’ handbook.
8. The YMCA reserves the right to make changes in its programs and program fees without advance notice. Also, the YMCA reserves the right to close programs that do not meet the minimum requirements for attendance.
9. As mandated by the State of Illinois, we will report any form of abuse or any suspicion of abuse.
10. Periodically, the YMCA takes pictures of the children participating in different YMCA activities. These pictures may be displayed in presentations, flyers, brochures or other YMCA publications. If you prefer your child’s picture not be used, please indicate this in writing to the Champaign County YMCA HEAT Team Administrator.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Bank Draft and Credit Card Authorization

I authorize my bank/credit card to honor pre-authorized drafts drawn by the YMCA on my account for the Champaign County YMCA HEAT Competitive Swim Team fees. When the bank/credit card honors the draft by charging my account, such drafts constitute my receipt for payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made in the amount of said payment plus a service charge. Said payment and service charge may be submitted as an additional draft at any time following the notice of the dishonoring of the original bank draft. Regardless of attendance, charges will be drawn for the months committed to at registration plus any months where an athlete attends two or more practices. Any changes in payment information affecting my Champaign County YMCA HEAT Competitive Swim Team draft are required to be submitted in writing with a 15-day notice. Failure to do so will result in the next month’s draft being non-refundable. Drafts will occur on the 1st of every month. **Voided check or savings account information is required with all bank draft applications.**

□ Please continue to use the same account information as for the prior season.

* Please use the new account information below.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Bank Drafts*: Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Credit Card*s: \_\_\_\_ Master Card \_\_\_\_ Visa Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEAT 2014 SPRING/SUMMER SCHEDULE AND FEE INFORMATION**

 **Price Price**

 **Time Days Offered Location 2x/week Unlimited**

Group 1 4:15-5:00 pm Mon-Thurs YMCA $48.50/mo $79/mo

Group 2 5:00-6:00 pm Mon-Thurs YMCA $61.50/mo $99/mo

12:15-1:15pm Sunday YMCA

Group 3 6:00-7:30 pm Mon-Thurs YMCA $68.50/mo $109/mo

6:30-8:00 pm Tues, Thurs ARC (starting May 20, optional)

12:15-1:45pm Sunday YMCA

Group 4 7:30-9:00 pm Mon, Wed YMCA $74.50/mo $119/mo

7:00-8:30 pm Tues, Thurs Centennial (April 8-May 15)

6:30-8:00 pm Tues, Thursday ARC (starting May 20)

6:00-7:30 am Fri CCC (starting in June)

7:00-8:30 am Sat YMCA

12:00-1:30 pm Sun Centennial

Group 5 7:00-9:00pm Mon, Wed Centennial $87.50/mo $139/mo

7:30-9:30pm Tues, Thursday YMCA (April 8-May 15)

6:30-8:00pm Tues, Thurs ARC (starting May 20)

6:00-8:00am Mon, Wed, Fri CCC (starting in June)

6:00-7:15am Tues, Thurs Central (dryland, starting April 15)

7:00-9:00am Sat YMCA

12:00-2:00pm Sun Centennial

**NOTE: Practice times may change slightly over the course of the season.** Participants will be notified by email of changes to the practice schedule. All schedule changes will also be posted on the HEAT website www.ccymcaheat.org.

***The Y offers discounts on monthly training fees for families with multiple children participating in HEAT:***

* ***1st child (highest group level): full price***
* ***2nd child: 15% discount***
* ***3rd child: 30% discount***
* ***4th child +: 60% discount***
* Other fees: $25 per family Booster Club fee (only if swimming June-August), $60 per swimmer annual USA Swimming Membership fee (for swimmers who did not participate in the Fall/Winter Season).
* There are no practice or meet requirements for Groups 1-4. Group 5 swimmers are expected to attend at least 5 practices per week.
* All families are expected to volunteer at the Illinois Open, HEAT’s only home meet of the season.
* For more information, contact Head Coach Will Barker at will@ccymca.net or 239-2806.

**Tentative Meet Schedule**

May 16-18 FAST 500 Invitational Fishers, Indiana

June 6-8 ACAD Capitol City Classic Springfield, Illinois

**JUNE 20-22 HEAT ILLINOIS OPEN UNIVERSITY OF ILLINOIS ARC**

July 24-27 \*Age Group Championships Pleasant Prairie, WI

July 31-August 3 \*Senior State Championships Munster, IN

August 1-3 \*Central Zone Championships Geneva, OH

\*=qualifying times required