**VALLEY SHORE YMCA Marlins**

**Spring/Summer**

**2019 Long Course Season**

**Registration Form**

**Swimmer Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\* \_\_\_\_\_\_ Circle: Male/Female

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional)

**Parent Information:**

Parent/guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_email\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ email\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email is our primary method of communicating as a team. Please give us an email address you use regularly and notify the coaches and Parents’ Club if you change your email mid-season.

**Full Season: April 22nd-July 12th**

**Fee Schedule: Marlins Age Group Seniors**

**Team Fee Paid in Full: $450 $550 $600**

**1st installment: 4/22/2019 $225 $275 $300**

**2nd  installment: 5/20/2019 $225 $275 $300**

\*NOT INCLUDED IN REGISTRATION: USA Meet Entry Fees $100 personal check made out to “VSYM PO”

Check Box if paying in Full: Check box if payment Plan:

**Partial Season: (Check Box)**

**Option A: April 22nd-June 14th: or Option B: May 20th – July 12th:**

**Fee Schedule: Marlins Age Group Seniors**

**Team Fee Paid in Full: $350 $450 $500**

**1st installment: 4/22/2019 $175 $225 $250**

**2nd  installment: 5/20/2019 $175 $225 $250**

\*NOT INCLUDED IN REGISTRATION: USA Meet Entry Fees $100 personal check made out to “VSYM PO”

Check Box if paying in Full: Check box if payment Plan:

**New Swimmers Only**: USA registration **$40.00** is required for all new swimmers joining the Marlins swim team that did not swim during the Short Course Season. Swimmers who were registered with the Marlins for the Fall/Winter Short Course season do not need to re register with USA Swimming.

**Swim Meet Entry Fees**: Please write a **$100** check made out to “VSYM PO” to cover USA swim meet entry fees managed by the Valley Shore Y Marlins Parents Organization. Place the check in the VSYM bin located in the main lobby at the Y. Place the check in Tiffany Knoop’s folder(Team Treasurer). You can check your balance on the team website or by using the “On Deck Parent” app on your cell phone. The team code is “ctvsymca.” In order to sign up for meets you must have sufficient funds in your account. Individual Swim Meet Entry fees will be charged to your Team Unify account on the swim meet date

**YMCA Membership Fees:** Swimmers must have Valley Shore YMCA membership prior to the start of the season and membership must remain in good standing during the entire season or the swimmer will not be allowed to practice or compete in meets. Y membership is not included in the team fees.

I understand that as a parent of a Valley-Shore YMCA Marlin I am also a member of the **Marlins’ Parents Club** which supports the team through fundraising and assisting with meet activities. I understand that I will be required to participate throughout the season.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical Release**

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

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

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

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

Date of child’s last physical exam: \_\_\_\_\_\_\_\_\_\_ Last tetanus Booster\_\_\_\_\_\_\_\_\_

Does your child have any health conditions? Please list:

Has your child ever had any surgeries, fractures, sprains or bone dislocations? Please explain and give date of injury:

Does your child currently require medication? Please list and explain:

**\*Written Approval for participation from a physician will be required for any child who has a serious injury or medical condition.**

I understand that every effort will be made to contact a parent or guardian in case of an emergency. In the event I cannot be reached, I give permission for my child to be given medical care and/or be treated by a physician at an emergency medical facility. I also understand that I am responsible for the cost of any care.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Automatic Payment Authorization**

Payment for Swim Team participation is due in full at time of registration via cash, check or charge. Alternatively, an installment payment plan option may be selected and payments will be automatically deducted from a credit card or bank account on the schedule installment date identified on the registration form. Strict confidentiality of this information will be maintained.

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the Valley- Shore YMCA to charge the account listed below on the payment due date**.**

I authorize my bank as indicated below to honor pre-authorized Electronic Funds Transfers (or credit card charges) against my account for swim team payments. When the bank honors the EFT or credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT or credit card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a return fee of $ 20.00. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA or its credit card collection agent eCard Transactions, at its discretion, may re submit the amount due for payment on a future date.

***Please choose from the following options. Signature is required to process*.**

I choose to utilize the EFT option for payment (direct debit from my Checking ~ Savings Acct.)

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing/Transit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I choose to utilize the Credit Card option for payment (direct charge to credit card)

Credit Card Type: ( ) Visa ( ) MasterCard Card Holders Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Valley Shore YMCA - 201 Spencer Plains Rd – P.O Box 694 – Westbrook, CT 06498

Tel. 860-399-9622 - Fax. 860-399-8349 - Website: www.vsymca.org