

VALLEY SHORE YMCA Marlins
Fall/Winter
2021/2022 Short 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: September 13th - February 25th

Check the box:			
Team Fees:	<input type="checkbox"/> Marlins	<input type="checkbox"/> Age Group	<input type="checkbox"/> Senior
<input type="checkbox"/> Team Fee Paid in Full	\$900	\$1000	\$1100
<input type="checkbox"/> Installment Plan			
09/07/2021	\$225	\$250	\$275
10/07/2021	\$225	\$250	\$275
11/07/2021	\$225	\$250	\$275
12/07/2021	\$225	\$250	\$275

**Payment in Full is due at time of registration. Or if Installment Plan selected, installments are required to be set up on auto draft payment system by EFT or credit card payment.*
**NOT INCLUDED IN REGISTRATION: USA Meet Entry Fees, Parent Organisation Fee, Y Membership, USA Membership.*

Partial Season: (Check Box)

Option A: September 13th - December 3rd: **or** **Option B: December 6th - February 25th :**

Fee Schedule:	Marlins <input type="checkbox"/>	Age Group <input type="checkbox"/>	Seniors <input type="checkbox"/>
Team Fee Paid in Full:	\$500	\$550	\$600
1st installment: 09/07/21	\$250	\$275	\$300
2nd installment: 10/08/21	\$250	\$275	\$300

**NOT INCLUDED IN REGISTRATION: USA Meet Entry Fees, Parent Organisation Fee, Y Membership, USA Membership.*
 Check Box if paying in Full: Check box if payment Plan:

USA Membership Fee: \$78.00 is required for all swimmers joining the Marlins swim team. This membership is annual (some swimmers may already be a member). This fee will be charged to your credit card on file with the TeamUnify account.

Swim Meet Entry Fees: You will enter your credit card information on the TeamUnify website (www.vsymarlins.org). All swimming event fees will be deducted from your account on the team unify website. 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.

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.

Marlins Parents Organisation Fee: \$100 will be charged to your credit card on file with the teamunify website account. This money goes towards the swim team apparel, caps, parties and more. 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 and volunteer my time throughout the season.

Signature: _____ Date: ____/____/____
 Parent's Name: _____

VALLEY SHORE YMCA Marlins
Fall/Winter
2021/2022 Short Course Season

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: _____