

**Phoenixville YMCA Swim Team  
2018-2019 Swim Team Registration Form and Agreement**

Swimmer's name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Birth date \_\_\_\_\_

**Parent/Guardian Contact Information:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SWIM GROUP ASSIGNMENT - Please circle one:

Blue - \$70.45 / month	Bronze - \$79.55 / month	Silver - \$86.36 / month	Gold - \$106.82 / month
Senior - \$115.91 / month	Pre National - \$134.09 / month	National - \$140.91 / month	

**Agreement Portion. Please read and initial each paragraph.**

For my child(ren) to participate on the Phoenixville YMCA swim team, I accept the following agreement which will be in force throughout the season (10/01/2018 - 07/31/2019).

\_\_\_\_\_ I understand that there is a \$75 per child initial registration/rostering fee which must be paid at the time of team registration, along with submission of this form. This fee is payable to the Y, and is nonrefundable unless the reason for cancellation is that Coach Addlesberger determines that your child(ren) is/are not ready to participate on the swim team, and the withdrawal request is made prior 10/15/18.

\_\_\_\_\_ I agree to pay for all swim group training fees on time and complete all monthly payments for which my swimmer is a member of the team. If my swimmer is withdrawing from the team for a period of a month or longer, I understand that I need to cancel or suspend my monthly draft by the 15<sup>th</sup> of the month before in order to not be responsible for the next month's payment.

\_\_\_\_\_ I understand that additional expenses for participation on the team may be incurred including, but not limited to, meet entry fees, apparel fees, USA Swimming registration/USAS-exclusive training, extended season training, volunteer deposits, etc. I agree to pay these fees on time.

\_\_\_\_\_ I hereby certify that my child is in normal health and capable of safe participation on the swim-team. I assume all the risks and hazards incidental to the conduct of this program and the transportation to and from the program. I hereby authorize the Philadelphia Freedom Valley YMCA to obtain medical treatment for my child in the event that a parent and the emergency contacts cannot be reached.

\_\_\_\_\_ I give my permissions and consent to use any photographs or other media record of my participation at the PFVY to promote YMCA programs without compensation to me or on my behalf. If I choose to not be photographed or in the other media, I understand it is my responsibility to inform the photographer and/or remove myself from the picture.

\_\_\_\_\_ This form verifies my child to swim solely with the Phoenixville YMCA Swim Team. For consistency purposes, all practices and coaching will be done through the Phoenixville YMCA except for mandatory High School practice or meet obligations.

I will pay by one of the following methods (select one).

\_\_\_\_\_ \* Credit Card type \_\_\_\_\_ ending in \_\_\_\_\_ expiring \_\_\_\_/\_\_\_\_.

\_\_\_\_\_ \* Checking Account with Routing number ending in \_\_\_\_\_ and account number ending in \_\_\_\_\_.

\_\_\_\_\_ I commit to setting up auto-payment at the Y welcome center NO LATER THAN 9/10/2016, using a credit card or checking account (EFT). This payment method will be stored in the Y's registration system to be used for all payments using the schedule selected above.

\* I have confirmed that my chosen payment method is current and stored in the Y's registration system.

**FURTHERMORE,**

\_\_\_\_\_ I agree that, if my credit card number, expiration date, or checking account number changes during the scheduled payment period, I will immediately notify the YMCA of these changes to prevent returned or declined payments.

\_\_\_\_\_ I understand that, although I may have already set up a payment method on my account on the team's payswim.org website, this information is not transferable to the YM and vice-versa and that separate account set-ups are required.

Please direct questions regarding this agreement to Coach Anthony Addlesberger at Anthony.Addlesberger@philaymca.org or 484-921-5845 or Lisa McGregor, Senior Program Director at lmcgregor@philaymca.org or 484-921-5846.

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

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Child's medical provider/physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions and/or allergies \_\_\_\_\_

Medical insurance carrier \_\_\_\_\_ Policy/Group# \_\_\_\_\_

In case of a medical emergency, I understand every effort will be made to reach either myself or my emergency contact person who is authorized to act on my behalf. In the event that I cannot be reached, I hereby give permission to the physician selected by the authorized personnel to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

*Sign below only if you decline to sign the release above.*

I have been offered the opportunity to authorize emergency medical care as set forth above and decline to so authorize said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_