



Dear Parents,

Welcome to the Cross Island Y Barracuda Swim Team! Please take a few minutes to review the following information regarding practice & payment schedule and fill out the attached documents.

Pricing and Payments

Swim Team season is September 2022 thru June 2023. Team fees will be spread out into 6 payments. The first payment will be due at the time of registration. Team fees do not include uniforms, meet entry fees or Metropolitan Swimming registration. Please see page 2 for payment schedule.

Discounts and Financial Assistance

- If your dues is paid in fully by October 1, you will receive a 5% discount off each child's dues.
- Any additional siblings will receive a 10% discount, not to be combined with full payment discount.
- Financial Aid is available for swim team, please submit application at time of registration.

Please note that YMCA of the USA Swimming rules state that all swimmers YMCA membership and swim team accounts are up to date in order to participate. If your child's membership or swim team payments are past due, your child may be unable to participate in practices or swim meets until it is reconciled. If circumstances arise that you may not be able to make payment, please reach out to the Aquatic Director as soon as possible.

Team Commitment

Please be aware that joining our swim team is a commitment for you and your swimmer. Under that point, all registrations are from the date of sign up through the end of the short course season in June 2023. If at any point you wish to leave the team or drop out, you must give a 30-day written notice prior to draft date. Refunds for unused fees will be given on a case by case basis.

Volunteering

Parent help is crucial to the operation of a competitive swim team. Parents are required to volunteer a minimum of 20 hours per season. This may in the form of timing, computer operation, admissions, fundraising etc. More information will follow.



Cross Island YMCA Swim Team Registration

2022-2023 Season

Swimmer Name _____ Age _____
(First) (Middle) (Last)

Date of Birth ____/____/____ Sex _____ Home# _____

Address _____ Apt # _____ City _____ Zip _____

Guardian #1 Name _____ Guardian #2 Name _____

Mobile _____ Mobile _____

Email _____ Email _____

Emergency Contact Information

Please provide at least 2 additional Emergency Contacts that are 18 years old and older

1 _____ Relation _____ Phone # _____

2 _____ Relation _____ Phone # _____

Standard Release Form

I, the undersigned, give permission for my child to participate in the Cross Island YMCA Swim Team and all activities on and off premises for the days he/she attends. I also hereby give authority to the YMCA staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I also give permission for my child to be photographed & videotaped. In addition, I am fully aware with the Code of Conduct rules of the Cross Island YMCA. Any unresolved incidents may result in suspension of my child (without reimbursement). I have read, signed and agree to the registration requirements.

Signature of Parent or Guardian _____

Date ____/____/____



The payments and schedule are as follows:

- 1ST PAYMENT DUE AT TIME OF REGISTRATION
- 2ND PAYMENT – NOVEMBER 1ST
- 3RD PAYMENT-- DECEMBER 1ST
- 4TH PAYMENT-- JANUARY 1ST
- 5TH PAYMENT – FEBRUARY 1ST
- 6TH PAYMENT -- MARCH 1ST

The dues & practice hours per group are as follows:

Team Name		Practice Times
Green		Mon, Wed, Fri 5:15pm-7:15pm; Tues 5-6:30pm; Sat 6:15am-8:15am
First Payment:	\$500	
Payment 2,3,4,5,6:	\$467	
Total:	\$2835	
Blue		Mon, Wed, Fri 5:30pm-7:15pm; Sat 6:30am-8:15am
First Payment:	\$500	
Payment 2,3,4,5,6:	\$415	
Total:	\$2575	
Minis		Mon & Wed 4:15pm-5:15pm; Sat 6:15am-8:15am
First Payment:	\$350	
Payment 2,3,4,5,6:	\$342	
Total:	\$2060	
Cudas		Mon & Wed 4:15pm-5:15pm; Sat 6:15am-8:15am
First Payment:	\$350	
Payment 2,3,4,5,6:	\$342	
Total:	\$2060	
Developmental		Mon & Wed 4:15pm-5:15pm; Sun 8:00am-9:00am
First Payment:	\$200	
Payment 2,3,4,5,6:	\$166	
Total:	\$1030	



Direct Payment Plan Authorization

Child's name _____

Parent/Guardian Name _____

I authorize the Cross Island YMCA to charge my credit card account \$_____ on the following dates:

November 1st, 2022

December 1st, 2022

January 1st, 2022

February 1st, 2022

March 1st, 2022

AMEX

VISA

MASTERCARD

DISCOVER

Credit Card # _____

Card Holders Signature _____

Expiration Date ____/____

Security Verification _____

Signature of Parent/Guardian _____

Date ____/____/____