



Anderson YMCA Makos

Team Registration Form

*ALL ATHLETES MUST BE YMCA MEMBERS!

*A swim assessment **MUST** be done prior to joining the Makos swim team.

*There is a non-refundable \$55 annual registration fee due at time of registration (\$25 if joining in Season 2)

Swimmer Information

Last Name: _____ First Name: _____ MI _____

Birthday: ____/____/____ Circle: Male / Female Returning Swimmer: Y N

T-Shirt size _____ Additional T-Shirts @ \$15per –size _____

Does your child have any medical conditions that we should be made aware?

Teams and Program Fees

Swimming Groups:	Annual (Sept-July)	*Season 1 (Sept-March)	*Season 2 (April-July)	Monthly
<input type="radio"/> Blue 1/2	\$495	\$332	\$190	\$50
<input type="radio"/> Yellow	\$544	\$365	\$209	\$55
<input type="radio"/> Bronze	\$643	\$432	\$247	\$65
<input type="radio"/> Silver	\$742	\$498	\$285	\$75
<input type="radio"/> Gold	\$841	\$565	\$323	\$85
<input type="radio"/> Platinum	\$990	\$665	\$380	\$100

Swim Year is made up of two seasons (Winter and Summer)

All athletes will be registered as USA swimming members

We must have a copy of your child’s birth certificate.

**Annual and Season 1 Payments must be paid by
September 10th.**

For descriptions of training groups, prerequisites and practice times please visit our Makos website

www.andersonmakos.com

Parent Contact/Release Information

Address: _____ City: _____ Zip: _____

Email Address:

Parent/Guardian 1: _____

Phone: _____

Parent Signature:

By signing this release I acknowledge and authorize the Anderson Area YMCA to take and use photographs, video, and written comments of or by my child for promotional and informational materials. I further agree to release and discharge the AAYMCA from any and all liability in connection with the use of such photographs, videos, and written comments of or by my child. I certify that my child has health, accident, and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this even or activity, or else I agree to bear the costs of such injury or damage to my child.

Registration Checklist: (Front Desk Use only):

Swim Assessment Date (*must have card*): _____ Returning Swimmer (*No assessment required*): _____

YMCA Membership: Family Youth

Swim Group: _____

Copy of Birth Certificate: _____

Payment Option: Annual Season 1 Season 2 Monthly

Registration Fee: \$ _____

Program Fee: \$ _____

Total: \$ _____

Front Desk Initials _____