TSUNAMIS SWIM TEAM

2021-22 Registration & Change Form

A. Parent/Guardian Names: **Phone Number:**

Swimmer First Name: **Middle Initial:** **Last Name:**

NOTES: If you receive a YMCA scholarship, this will be reflected in your monthly payment. Please use one form per participant.
Tuition payments are drafted monthly until changed in writing using this form.
Any adjustments to program rates will be provided in writing with at least 30 days advanced notice before the 1st of the Month.

B. REGISTER NEW PARTICIPANTS, CHANGE LEVEL & PAYMENT

Note: All new registration will be charged an extra $25.00 Material Fee charge at the first of the month to all groups and USA Swimming Registration charge at the 2nd month Olympic Stroke I, II and III Flex Membership and all other groups full membership $78.00

I am registering/changing my child for:

- **Olympic Stroke Dev I (8 & under) at $80.00/month for the first 4 month and then $70.00/ month for the remain of the season**
- **Olympic Stroke Dev II (9 & 10) at $103.50/ month for the first 4 month and then $91.00 per month for the remain of the season**
- **Olympic Stroke Dev III (11& up) at $103.50/ month for the first 4 month and then $91.00 per month for the remain of the season**
- **Pre-Age Group (7-10) at $112.00/month for the first 4 month and then $98.00 per month for the remain of the season**
- **Age-Group I (9-11) at $133.00/month for the first 4 month and then $116.00 per month for the remain of the season**
- **Age-Group II (11-13) at $149.00/month for the first 4 month and then $131.00 per month for the remain of the season**
- **Age-Group III (12-18) at $176.25/month for the first 4 month and then $155.00 per month for the remain of the season**

C. HOLD or CANCEL (30 days written notice required before the first of the month)

Please change the status of my child's enrollment as marked on this form starting:
Please hold my child's registration for: 1 month 2 months 3 months Starting: / 01 /
Please cancel my child's registration starting:

Note: membership holds, and cancels are processed separately.
Please initial here_____ to confirm you read and understand this note.

D. Notice to Automatic Transfer System (ATS) Pay Members

It is my understanding that my child will commit to the team for a minimum of 90 days and that if I wish to terminate my child's enrollment after the 90 day period, I must give the YMCA thirty (30) days written notice prior to the first of the month.
I understand that I will be notified at least 30 days in advance of any changes to my monthly payments.
I understand that the monthly debit to my account is a continual draft until the YMCA receives thirty (30) days written notice of cancellation.
Should any pre-authorized check/charge (ATS) not be honored by my financial institution, it is understood that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment, plus a $30 service charge. **This service charge does not include possible fees imposed by my financial institution.** I understand that if two ATS payments are rejected, my child's enrollment will be terminated.

E. Notice to Automatic Transfer System for unpaid swim meets, team events and gear.

It is my understanding that I am responsible for any fees associated with swim meets, team events, or gear that my child may need. Sign up or purchase fees must be paid by the deadline set by the director of competitive swimming, failure to make deadlines will result on automatic draft to be process from card or account on file plus a processing fee of $15.00 per occurrence.

I, , read, understand and agree to the statement above.

Member Signature: Date: / / Director Signature: Date: / /

F. CREDIT CARD/DEBIT CARD (TYPE: VISA/MASTERCARD/AMEX/DISCOVER)

Name on Card: LAST 4 Number XXXX-XXXX-XXXX __ __ ___ ____

G. EFT

Financial Institution Name on Account: _____

Routing Number: Last 4 Digits of Account Number:

Note: if this billing information is not currently on file with us, please stop at the welcome center to store this information in your electronic wallet.

Authorized Signature of Account Holder: Date:

Daxko Processed by: Date Form Review. 8/26/2021 Early Commitment Form