



YMCA Westside Silver Fins Returning Athlete Information



Athlete name _____
(First) (Middle) (Last)

Parent(s) name _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Parent Cell (____) _____

Second Parent Cell (____) _____ Athlete Cell (____) _____

Parent Email _____ Athlete Email _____

Date of Birth _____ Please Circle: Male Female

2010-2011 Grade in school _____

QUESTIONS FOR UNITED STATES SWIMMING:

Ethnicity: _____ US Citizen? _____ If no, citizen of what country?? _____



YMCA Westside Silver Fins 2011 Financial Agreement



2011 Registration Payments Due no later than October 31, 2010:

AZ Swimming registration**:	\$59
YMCA WSF registration:	\$50
Total amount due:	\$109

Registration fees not paid by the deadline are subject to a \$10 late fee unless specific arrangements have been made.

2011 Monthly Dues and Swim Meet Payments:

Your monthly dues will continue to be drafted by the YMCA on the 5th of each month. Starting January, 2011 bank drafts must be set up with either a credit or debit card.

2011 Swim Meet Fees:

Starting in 2011 all swim meet fees will be charged to the credit card provided below. Fees will be charged within one week of an athlete participating in a swim meet. Receipts will be provided only upon written request.

Please fill out the following information for your 2011 monthly dues and swim meet fees:

Child's full name _____ Child's date of birth _____

Address _____ City _____ State ____ Zip _____

Home phone _____ Other phone _____

Credit or debit card information:

Card number _____ Expiration date _____

I understand that the Automatic Transfer System is a continuous monthly fee, it does not stop after twelve months and is based on the team monthly fees.

- 1. I understand that should I choose to terminate team membership I must provide the YMCA WSF staff with at least a thirty (30) day written notice prior to my transfer date.**
- 2. I understand that it is my responsibility to check my bank statement monthly and to notify the YMCA immediately of any transfer errors. The YMCA will refund any transfers done in error for up to 3 months. This includes transfers after termination notice is given.**
- 3. I understand that the YMCA may, upon thirty (30) days written notice, adjust membership rates, which would result in a change to my monthly transfer rate.**
- 4. I understand that I am responsible for each month's payment in full regardless of athlete attendance.**
- 5. I understand that if my payment is returned NSF for any reason, the item(s) will be re-presented electronically and I understand I will be charged a processing fee. I am also responsible for all other recovery costs.**
- 6. I understand that any transfer not honored by my bank that is not settled before the next transfer date will result in immediate termination of my membership and that I will have to contact a YMCA WSF team administrator to reregister my child.**
- 7. I understand that if I have made arrangements not to set up an automatic draft that I will be charged \$5 per month in addition to regular YMCA WSF fees unless special arrangements have been made with the YMCA WSF staff.**

Authorized Bank Account Signature

Date



YMCA Westside Silver Fins Emergency/ Medical Release Form



Athlete name: _____

Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for each swimmer of the YMCA Westside Silver Fins. If the swimmer is 18 years or older, the swimmer must also sign this form.

Medical Release

I certify that, to the best of my knowledge and belief, _____ (name of swimmer) is in good physical condition and has no condition, which would impair participation in this program. In case of injury, I hereby give the YMCA Westside Silver Fins and It's staff permission to act on my behalf in seeking medical treatment from any licensed physician, hospital, or clinic, including ambulance care for my child in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. It is understood by me that the expense of this service will be accepted by me. I absolve the YMCA Westside Silver Fins, Southwest Valley Family YMCA and its staff and volunteers from all liability while acting on my behalf in this regard.

Parent/Guardian Signature (or participant if over 18)

Date

If parents are not available, please call the person designated below:

Name: _____ Phone number: _____

Relationship: _____

Is there any physical condition that we should be aware of and what precautions should be taken?

Prescriptions: _____

Doctor's Name: _____ **Doctor's Phone:** _____

Preferred Hospital: _____ **Hospital Phone:** _____

Parent/Guardian Insurance Information:

Company name

Policy number

Address

Telephone

The following individual(s) may NOT remove my child from the facility and are NOT authorized to act on my behalf:

Name(s): _____

Custody papers have been provided and are on file at the facility: YES NO



YMCA Westside Silver Fins Code of Conduct and Drug, Alcohol and Tobacco Policy Acknowledgement



By my signature below, I acknowledge that I have read, understand, and agree to abide by the policies outlined in both the Code of Conduct and the Drug, Alcohol and Tobacco Policies.

2011 Financial Agreements

I understand that starting in 2011 all monthly dues will draft on the 5th of each month from the credit or debit card information I have provided in this packet. I understand that starting in 2011 all swim meet fees for my child will be charged to the credit or debit card provided within one week of my child's participation.

Program Liability Release

In consideration of my participation in the activities of the Valley of the Sun YMCA, I hereby agree to hold free from any and all liability the Valley of the Sun YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the Valley of the Sun YMCA. I understand that any picture taken of me or my child may be used for YMCA publicity purposes.

Parent's Signature

Date

Swimmer's Signature

Date