



**Valley-Shore YMCA Marlins
Spring 2009
Registration Form**

Swimmer Information:

First Name: _____ Middle Initial _____ Male/Female
 Last Name: _____ Birthdate: ___/___/___
 Address: _____ Town _____
 State: _____ Zip: _____
 School: _____ Grade: _____
 email: _____(optional)

Parent Information:

Father's name: _____ Phone: _____
 Address: _____ Town _____
 State: _____ Zip: _____ email: _____

Mother's Name: _____ Phone: _____
 Address: _____ Town _____
 State: _____ Zip: _____ email: _____

Fee Schedule:	10/under	11/12	Seniors
Team Fee Paid in Full:	\$280.00	\$340.00	\$390.00
1 st installment 4/8/2009	145.00	175.00	200.00
2 nd installment 5/20/2009	145.00	175.00	200.00

USA registration **\$55.00** is required for all swimmers joining the Marlins swim team. *Swimmers registered with USA Swimming for the 2008/2009 Short Course season do not need to re-register with USA Swimming.

Swimmers must have YMCA membership prior to the start of the season and membership must remain in good standing during the entire season or the swimmer will not be allowed to practice or compete in meets. Y membership is not included in the team fees.

I understand that as a parent of a Valley-Shore YMCA Marlin I am also a member of the **Marlins' Parents Club** which supports the team through fundraising and assisting with meet activities. I understand that I will be required to participate throughout the season.

Signature: _____ Date; ___/___/___

Parent's Name: _____



Valley-Shore YMCA MARLINS
Spring 2009
Medical Release

Swimmer's Name: _____ Birthdate: _____
Mother: _____ Phone: _____
Father: _____ Phone: _____
Physician: _____ Phone: _____

Date of child's last physical exam: _____ Last tetanus Booster _____

Does your child have any health conditions? Please list:

Has your child ever had any surgeries, fractures, sprains or bone dislocations? Please explain and give date of injury:

Does your child currently require medication? Please list and explain:

***Written Approval for participation from a physician will be required for any child who has a serious injury or medical condition.**

I understand that every effort will be made to contact a parent or guardian in case of an emergency. In the event I can not be reached, I give permission for my child to be given medical care and/or be treated by a physician at an emergency medical facility. I also understand that I am responsible for the cost of any care.

Signature: _____ Date: ___/___/___

Parent's Name: _____



Valley-Shore YMCA MARLINS
Automatic Payment Authorization

The Valley Shore YMCA strives to meet the needs of Families! By choosing the checking account or credit card draft plan, swim team registration fees and individual swim meet fees can be automatically paid on time. No more hassles. Strict confidentiality of this information will be maintained. Payment Options:

1. Pay swim team balance using credit card or checking account on the payment due date.
2. Pay swim meet entry fees using credit card or checking account the week prior to the meet date.

Child's First Name: _____ Last: _____

Phone #: _____ Address: _____ City: _____

I, _____, hereby authorize the Valley- Shore YMCA to charge the account listed below on the payment due date. **I understand that I must provide thirty days written notice if I wish to discontinue this service.**

I authorize my bank to honor pre-authorized Electronic Funds Transfers (or credit card charges) against my account for (childcare) payments as indicated below. When the bank honors the EFT or credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT or credit card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a return fee of \$ 10.00. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

Please choose from the following options. Signature is required to process.

I choose to utilize the EFT option for payment (direct debit from my Checking ~ Savings Acct.)

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

I choose to utilize the Credit Card option for payment (direct charge to credit card)

Credit Card Type: () Visa () MasterCard Card Holders Name _____

Card Number _____ Expiration Date _____

Authorized Signature: _____ Date _____

"To develop and encourage the growth of all individuals in spirit, mind and body in the atmosphere of mutual respect."