



SUMTER FAMILY YMCA FLYING FISH SUMMER SWIM TEAM 2023

Athlete Legal First Name: _____ Middle Name: _____ Last Name: _____

Athlete Preferred Name (Nickname): _____ DOB: _____

Address: _____

City: _____ Zip Code: _____ Primary Phone: (____) _____

Guardian #1 Name: _____ Cell Phone: (____) _____

Email Address: _____

Guardian #2 Name _____ Cell Phone: (____) _____

Emergency Contact Name: _____ Relation to Athlete: _____

Emergency Phone: (____) _____

Family Doctor: _____ Office Phone: (____) _____

Please list any necessary medical information / medications: _____

Practice Dates: April 24, 2023 - July 20, 2023 *Monday - Thursday

\$25 Annual Registration Fee Due

Developmental Swim Level Cost: \$72 / 108

April 24 - June 1 * 4:00 pm - 5:00 pm
June 5 - July 20 * 8 am - 9 am

Red Swim Level Cost: \$72 / 108

April 24 - June 1 - 4:00 pm - 5:00 pm
June 5 - July 20 * 8 am - 9 am

White Swim Level Cost: \$88 / 132

April 24 - June 1 * 5:00 pm - 6:30 pm
June 5 - July 20 * 9 am - 10:30 am

Blue Swim Level Cost: \$88 / 132

April 24 - June 1 * 5:00 pm - 6:30 pm
June 5 - July 20 * 9 am - 10:30 am

By registering your swimmer for the summer season you are agreeing that your swimmer will:

- attend at least 50% of weekly practices
- compete in at least one (1) meet during the season and attend Summer Championships

Auto Draft Payment:

I understand that my saved payment information on file I will be auto-drafted on the first of each month

I understand that if my monthly payment is not submitted by the 5th of each month a late fee will be applied

I understand that system credits/refunds of 80% of the pro-rated fee based on the number of days attended will be given upon written request.

If Yes, please complete: Visa MasterCard Checking Account

Name on account: _____ Account ending in: _____

Signature: _____

Swim Team Waivers

Waiver of Liability

- I agree to support the YMCA mission by exhibiting the character values of honesty, respect, responsibility, caring and faith.
- I acknowledge that I am responsible for following all YMCA policies and agree to adhere to the YMCA Code of Conduct.
- I acknowledge that the YMCA is not responsible for all injuries to myself and/or my family.
- I acknowledge that the YMCA is not responsible for any damage or loss of personal property.
- I accept responsibility for maintaining adequate insurance for myself and my family.
- I assume all the risks and hazards incidental to conduct of the YMCA programs; I further release, absolve and hold harmless the Sumter Family YMCA, its directors, staff, agents and officers. In case of an injury to myself or my family, I hereby waive all claims against the above parties.
- I give the YMCA permission to reproduce for promotional purposes, photographs of me and/or my family during participation in YMCA activities or programs.
- I understand the registration fee and deposits are non-refundable or transferrable
- System credits/refunds of 80% of the pro-rated fee based on the number of days attended will be given upon written request.
- Draft cancellation must be requested prior to the 25th of the previous month.

Signature: _____

Date: _____

Note: Parent/guardian or payer must sign if the applicant is under 18 years of age.

By signing the above, I understand that registered sex offenders are not eligible for membership or program participation and are not allowed on Y property or within premises of Y activities.

Staff Initials: _____