



SHENANGO VALLEY SEA LIONS SWIM TEAM



Registration Form

Team and Payment Option

- ___ \$150 payment in Full (\$125.00 for each additional child in a family)
- ___ \$140 payment in Full (\$Family Members or 1-Parent Family Members only; \$125 for each additional child in a family)
- ___ \$80 down, (per child) Second payment (balance of swim team fees) due by Dec. 16, 2011

Swimmer Information

First Child's Full Name: _____
 T-Shirt Size (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL
 Birthdate _____ Age as of Dec 1st _____

Second Child's Full Name: _____
 T-Shirt Size (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL
 Birthdate _____ Age as of Dec 1st _____

Third Child's Full Name: _____
 T-Shirt Size (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL
 Birthdate _____ Age as of Dec 1st _____

Family Information

- Father/Guardian's Name _____ Email Address _____
 Phone Number _____ Cell Phone _____ Volunteer Form: Yes/No
- Mother/Guardian's Name _____ Email Address _____
 Phone Number _____ Cell Phone _____ Volunteer Form: Yes/No

Please provide the phone number you prefer to be contacted at regarding Swim Team communications: _____

Emergency Information

Emergency Contact _____ Phone _____

Any medical conditions that the coaching staff should be aware of:

Team sponsors

The cost is \$300 for this 24 week program. The sponsor's name will be printed on the back of the Swim Team t-shirts.

() Yes, I can sponsor a team. Ask for Sponsor Form. Business/Company _____

Address _____

Office use only: Staff Initials: _____

Date: _____ Receipt # _____ Membership Type _____ Exp Date: _____

Swim Team Dues Paid: _____ Membership Dues Paid: _____ Total Amount Paid: _____

Shenango Valley YMCA Swim Team Release, Waiver Liability & Indemnity Agreement

My child has doctors' permission to participate in YMCA activities/membership. I/we fully understand the potential risks involved with my child's participation in this program. In the event that a medical emergency should occur I/we hereby give permission for my child to receive emergency medical treatment.

I/we hereby release, waive, discharge and agree to indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from any loss, liability, damage, or any cost including any claim or demands therefore on account of any injury to my child or damage to my child's property while my child is upon the YMCA premises, or observing or using any facilities or equipment of the YMCA or participating in any YMCA program.

I/we hereby consent to having photographs/video images taken of my child by a YMCA staff member or a professional approved by the YMCA and the use of such visual images at the discretion of the YMCA. I/we hereby release the YMCA, its directors, officers, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or other visual images shall remain property of the YMCA.

I/we have read and voluntarily sign this release and waiver of liability on behalf of my child. I/we further agree to follow YMCA Safety Policies and Procedures along with the Program Rules and Regulations. Failure to do so may result in expulsion from the YMCA and its programs. I/we have read and understand the YMCA Refund Policy on programs/memberships.

PARTICIPANT NAME	AGE	DATE
MOTHER/ LEGAL GUARDIAN	SIGNATURE	DATE
FATHER/ LEGAL GUARDIAN	SIGNATURE	DATE
WITNESS	SIGNATURE	DATE

The reason our membership/program cost is so reasonable is in part due to funding from the United Way and other organizations. Many of these organizations request the following information in order to continually provide funding. The information below is kept private and confidential. Survey information will be provided in a group excluding names

Please to help us keep our cost low by answering the following:

Ethnicity:

- White/Caucasian Black/African American Hispanic//Latino Asian Other

Marital/Children status:

- Married with children Married, no children Single female, with children Single male, with children
 Single no children other

Employment status:

- Employed Unemployed Retired Unknown

Household income:

- \$11,999 or under \$12,000 to \$14,999 \$15,000 or \$24,999 \$25,000 to \$49,999 \$50,000 or above
 Unknown

Membership type:

- Adult Youth Youth/Young Adult Senior Family One Parent Family Military Financial Aid
 Non – Member