

YORK YMCA SWIMMING COMPETITIVE SWIMMING PROGRAM, 2009-10 REGISTRATION FORM

Name of swimmer (full legal name): _____

Age of swimmer: _____

Date of birth: _____

Emergency contact: _____

Phone number of emergency contact: _____

Parent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (with area code): _____

Email address (parent's): _____

TRAINING GROUP AND TEAM FEES/PAYMENT PLANS

<p style="text-align: center;">_____ SENIOR A</p> <p>Payment plan (choose one):</p> <p>_____ \$ 1200 one-time annual fee</p> <p>_____ \$ 1140 one-time sibling annual fee</p> <p>_____ \$ 100 per month credit card draft</p> <p>_____ \$ 95 per month sibling credit card draft</p>	<p style="text-align: center;">_____ SENIOR B</p> <p>Payment plan (choose one):</p> <p>_____ \$ 1135 one-time annual fee</p> <p>_____ \$ 1078 one-time sibling annual fee</p> <p>_____ \$ 95 per month credit card draft</p> <p>_____ \$ 90 per month sibling credit card draft</p>	
<p style="text-align: center;">_____ JUNIOR A</p> <p>Payment plan (choose one):</p> <p>_____ \$ 960 one-time annual fee</p> <p>_____ \$ 912 one-time sibling annual fee</p> <p>_____ \$ 80 per month credit card draft</p> <p>_____ \$ 76 per month sibling credit card draft</p>	<p style="text-align: center;">_____ JUNIOR B</p> <p>Payment plan (choose one):</p> <p>_____ \$ 840 one-time annual fee</p> <p>_____ \$ 800 one-time sibling annual fee</p> <p>_____ \$ 70 per month credit card draft</p> <p>_____ \$ 67 per month sibling credit card draft</p>	<p style="text-align: center;">_____ NOVICE</p> <p>Payment plan (choose one):</p> <p>_____ \$ 600 one-time annual fee</p> <p>_____ \$ 570 one-time sibling annual fee</p> <p>_____ \$ 50 per month credit card draft</p> <p>_____ \$ 47.50 per month sibling credit card draft</p>

**** If choosing credit card option, please complete the reverse side of this form with the required information.***

YMCA SWIM TEAM CREDIT CARD AGREEMENT

Branch: *York*

Participant's First Name _____ M.I. _____ Last Name _____

Address: _____ City: _____

State: _____ Zip Code: _____

Contact Numbers

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email Address (parent): _____

I give authorization to the YMCA of York and York County to automatically draft my program fees on a monthly basis from my account. **It is my understanding that draft will take place on the first of the month.**

I also understand that the YMCA credit card draft is a **continuous** plan that will draft until the end of the program or until a **30 DAY WRITTEN NOTICE is given to the Program Director**. If you choose to terminate credit card drafting and have a balance due, it must be paid in full in order to continue in the program. If the credit card draft is stopped before the one-year period, the individual may not rejoin the credit card draft system.

It is the card holders responsibility of notify the YMCA of any changes to their credit card account that would affect the successful processing of their draft charge. Failure to do so could result in participant forfeiting their right to continue to use the credit card draft method payment.

I also understand that if I wish to change my program agreement in anyway, I must give the YMCA a **30 DAY WRITTEN NOTICE**. Any errors **MUST** be indentified **NO LATER THAN 30 DAYS** from the posted credit card statement date. The YMCA does not accept responsibility for any errors if more that 60 days have passed since the initial draft date.

The YMCA may, at their discretion, adjust the rates applicable to my program category. I understand that I will receive at least a 30 day written notice of the change before a charge occurs at the new rate.

An initial payment of the first month's program fee is required.

Should any monthly draft not be honored by my credit card for any reason, I understand that I will be responsible for the payment plus a \$25.00 service charge applied by the YMCA. I also understand failure to make restitution will result in termination from the program. If my credit card is not honored more than 2 times for any reason, the agreement will automatically be terminated and the entire balance due must be made immediately to continue the program.

I choose to have my Program Fees for YMCA Swim Team charged directly to my credit card.
(Program Name)

() Credit Card Type: Visa _____ MasterCard _____ American Express _____

Card Holder's Name: _____

Relationship to Participant: _____

Account Number: _____ Expiration Date: ____/____/____

Security Code: _____

Authorized Signature _____