

YORK YMCA SWIMMING

COMPETITIVE SWIMMING PROGRAM, 2010-11

REGISTRATION FORM

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Mother's Cell Phone: (____) _____ Father's Cell Phone: (____) _____

Mother's E-mail: _____

Father's E-mail: _____

Emergency contact: _____

Phone number of emergency contact: (____) _____

TRAINING GROUP AND TEAM FEES/PAYMENT PLANS

(All swimmers must be facility members of the York YMCA)

| York YMCA Swimming | | YY Tidal Waves |
|---|--|---|
| <p style="text-align: center;">_____ SENIOR A</p> <p>Payment plan (choose one):</p> <p>_____ \$ 1440 one-time annual fee</p> <p>_____ \$ 1370 one-time sibling annual fee</p> <p>_____ \$ 120 per month credit card draft</p> <p>_____ \$ 114 per month sibling credit card draft</p> | <p style="text-align: center;">_____ JUNIOR A</p> <p>Payment plan (choose one):</p> <p>_____ \$ 1080 one-time annual fee</p> <p>_____ \$ 1026 one-time sibling annual fee</p> <p>_____ \$ 90 per month credit card draft</p> <p>_____ \$ 85.50 per month sibling credit card draft</p> | <p style="text-align: center;">_____ ADVANCED</p> <p>Payment plan (choose one):</p> <p>_____ \$ 480 one-time annual fee</p> <p>_____ \$ 420 one-time sibling annual fee</p> <p>_____ \$ 40 per month credit card draft</p> <p>_____ \$ 35 per month sibling credit card draft</p> |
| <p style="text-align: center;">_____ SENIOR B</p> <p>Payment plan (choose one):</p> <p>_____ \$ 1320 one-time annual fee</p> <p>_____ \$ 1260 one-time sibling annual fee</p> <p>_____ \$ 110 per month credit card draft</p> <p>_____ \$ 105 per month sibling credit card draft</p> | <p style="text-align: center;">_____ JUNIOR B</p> <p>Payment plan (choose one):</p> <p>_____ \$ 900 one-time annual fee</p> <p>_____ \$ 855 one-time sibling annual fee</p> <p>_____ \$ 75 per month credit card draft</p> <p>_____ \$ 71.25 per month sibling credit card draft</p> | <p style="text-align: center;">_____ NOVICE</p> <p>Payment plan (choose one):</p> <p>_____ \$ 480 one-time annual fee</p> <p>_____ \$ 420 one-time sibling annual fee</p> <p>_____ \$ 40 per month credit card draft</p> <p>_____ \$ 35 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 bank draft is stopped before the one-year period, the individual may not rejoin the bank draft system.

It is the card holder's responsibility to 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 identified **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 two 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 York 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 _____