



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWIM TEAM - MASTERS

REGISTRATION FORM 2024/2025 (TRACK 4)

Last Name:	First Name:	Middle Initial:
Birth date (mm/dd/yyyy):	Age:	Gender:
Street Address:	Phone:	
City, State and Zip:	Email:	
Emergency contact:	Emergency phone: Emergency email:	
FEES:		
<input type="checkbox"/> MASTERS YMCA MEMBER \$15/MONTH <input type="checkbox"/> MASTERS NON-MEMBER \$40/MONTH		

Contact information:

Director of Competitive Swimming – John Nelson jnelson@yorkcoymca.org 717-718-1968

Head Masters Coach - Joe Bentz joseph.bentz87@gmail.com

Aquatics Director - Jackie Beck jbeck@rosesymca.org

NOTE: If choosing the **MONTHLY CREDIT CARD DRAFT** please complete the reverse side of this form with the requested information. For checking account drafting, please attach a voided check.

YMCA MASTERS SWIM TEAM

CREDIT CARD AGREEMENT

Branch: **Graham Aquatics Center**

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

_____ City: _____ State: _____ Zip

Code: _____

Contact Numbers

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

Address : _____

Should any monthly 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 the 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 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 participants 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 any way, 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 than 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 my draft not be honored by my credit card for any reason, I understand that I will be responsible for the payment plus a \$30.00 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.

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

Card Holder's Name: _____

Relationship to Participant: _____

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

CID #: _____ Authorized Signature _____

