



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SWIM TEAM – USA COMPETITIVE REGISTRATION FORM 2025-2026 (TRACK 3)

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Student's birth date (mm/dd/yyyy):</b>	<b>Age:</b>	<b>Gender:</b>

**PARENT INFORMATION:**

<b>Mothers Name:</b>	<b>Father's Name:</b>
<b>Mother's birth date (mm/dd/yyyy):</b>	<b>Father's birth date (mm/dd/yyyy):</b>
<b>Street Address:</b>	<b>Phone:</b>
<b>City, State and Zip:</b>	<b>Email:</b>
<b>Emergency contact:</b>	<b>Emergency phone:</b>

**Please Note:**

All swim team participants must have a YMCA Membership to register for the program. This is an additional fee not included in the program fees on this form.

New memberships can be purchased online: [www.rosesymca.org](http://www.rosesymca.org)

If your child already has a membership you do not need take any further steps. Contact the YMCA Welcome Desk with any questions.  
717.843.7884 ext 261

**TEAM FEES: select a practice group below**

- |   |   |
|---|---|
| <input type="checkbox"/> SENIOR A - \$315/MONTH | <input type="checkbox"/> SENIOR A SIBLING - \$290/MONTH |
| <input type="checkbox"/> SENIOR B - \$300/MONTH | <input type="checkbox"/> SENIOR B SIBLING - \$275/MONTH |
| <input type="checkbox"/> JUNIOR A - \$245/MONTH | <input type="checkbox"/> JUNIOR A SIBLING - \$220/MONTH |
| <input type="checkbox"/> JUNIOR B - \$225/MONTH | <input type="checkbox"/> JUNIOR B SIBLING - \$200/MONTH |

Payments will be drafted October 2025 – August 2026. First month payment (September) due at time of initial registration.

Full season payments are accepted at time of registration.

**PLEASE NOTE: Commit Accounts will automatically be billed \$90 for USA Swimming Memberships.**

*All registrations for current swim team participants are due by August 31, 2025. A \$25 registration fee will go into effect beginning September 1, 2025.*

**\*Completed forms can be returned via email or in person to your coach.**

Head Coach – Michael Brooks [mbrooks@rosesymca.org](mailto:mbrooks@rosesymca.org) 717-718-1968 ext. 503  
Graham Executive Director-Ashley Chapman [achapman@rosesymca.org](mailto:achapman@rosesymca.org)  
Southern Branch – Maddi Stoner, Aquatics Director [mstoner@rosesymca.org](mailto:mstoner@rosesymca.org) 717-235-0446

**NOTE:** If choosing the **MONTHLY CREDIT CARD DRAFT** please complete the reverse side of this form with the requested 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): \_\_\_\_\_

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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 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 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 \$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.

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**I choose to have my program fees for YMCA Swim Team charged directly to my credit card.**

(v)Credit Card Type:    Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3 Digit CID # \_\_\_\_\_

Authorized Signature \_\_\_\_\_