



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWIM TEAM – YMCA COMPETITIVE REGISTRATION FORM 2019 - 2020 (TRACK 2)

Last Name:	First Name:	Middle Initial:
Student's birth date (mm/dd/yyyy):	Age:	Gender:
PARENT INFORMATION:		
Mothers Name:	Father's Name:	
Mother's birth date (mm/dd/yyyy):	Father's birth date (mm/dd/yyyy):	
Street Address:	Phone:	
City, State and Zip:	Email:	
Emergency contact:	Emergency phone:	
ANNUAL TEAM REGISTRATION PAYMENT INFORMATION	TEAM FEES:	
FEE \$75	<input type="checkbox"/> ADVANCED - \$65/MONTH	<input type="checkbox"/> YORK PRACTICE TEAM
OPTIONS:	<input type="checkbox"/> NOVICE - \$45/MONTH	<input type="checkbox"/> SOUTHERN PRACTICE TEAM
<input type="checkbox"/> \$75 – 1 payment	<input type="checkbox"/> ADVANCED SIBLING - \$60/MONTH	
<input type="checkbox"/> \$37.50 – 2 installments	<input type="checkbox"/> NOVICE SIBLING - \$40/MONTH	
Full payment or 1st installment due at time of initial registration. The balance will be drafted on consecutive months.	First month payment (September) due at time of initial registration. First credit card draft will be October 1.	
	Full season payments are accepted at time of registration.	

Contact information:

Director of Competitive Swimming – John Nelson jnelson@yorkcoymca.org 717-718-1968 ext. 503

Southern Branch - Erin Ferro, Aquatics/Membership Director eferro@yorkcoymca.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 and Southern*

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 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.

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 _____