PIRANHAS

THE YMCA

REGISTRATION

PACKET
YMCA PIRANHA SWIM TEAM REGISTRATION FORM

First, Middle, Last Name: __________________________________________ Age: ______ Gender: ______ DOB: _____________

Address: __________________________________________ City: __________________ Zip: ______________

Phone: ___________________________ Cell: __________________ E-Mail: __________________________

Mother’s Name: __________________________________________ Employer: ______________________________

Work Address: __________________________________________ Work Phone: ____________________________

Cell: ___________________________ E-mail: __________________________

Father’s Name: __________________________________________ Employer: ______________________________

Work Address: __________________________________________ Work Phone: ____________________________

Cell: ___________________________ E-mail: __________________________

Emergency Contact Other Than Parents:

Name: __________________________ Relationship: __________________ Phone: ____________________________

Name: __________________________ Relationship: __________________ Phone: ____________________________

Please list any conditions that might limit participation in this program (medical or disability):

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Individuals (other than parents) allowed to pick up this child:

Name/Relationship: __________________________ Name/Relationship: __________________________

Address: __________________________________________ Address: __________________________________________

Phone: __________________________ Phone: __________________________

Copy of your child’s birth certificate for District & State Meet verification

Received: __________ Date: ____________ Initials: __________

Emergency Medical Authorization

Should ____________________________ suffer an injury or illness while in the care of the Valdosta YMCA, and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Child’s primary source of health care is ____________________________ ____________________________

Physician/Clinic Name Phone

Known medical condition (i.e. diabetic, asthmatic, drug allergies): ____________________________

_______________________________________________________________________________________________________

Parent or Guardian Signature: __________________________ Date: __________________________

TEAM PLACEMENT

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2018 YMCA PIRANHA SWIM TEAM REGISTRATION FORM
Valdosta-Lowndes County Family YMCA Release & Waiver of Liability & Indemnity Agreement

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. Kids under the age of 16 must be accompanied by an adult 18 years or older at all times at the YMCA. Only personal trainers employed by the YMCA may train clients at the YMCA facility.

In further consideration of being permitted to enter the YMCA for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned hereby agrees to the following:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releases”) from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost that may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I have read this release

________________________________________   __________________________________________
Signature of Applicant (parent or guardian if under 18)  Signature of Spouse

________________________________________   __________________________________________
Print Name  Print Name

________________________________________   __________________________________________
Date  Date
Valdosta-Lowndes County Family YMCA – Swim Team
Monthly Automatic Payment Agreement
(Please choose either Credit Card Draft or Bank Draft)

Child(ren) Name(s): ____________________________________________________________

Name(s) of Parent(s)/Guardian(s): ______________________________________________

Mailing Address: __________________________________________________________________

City: _____________ State: _____ Zip: ___________ Phone: _______________________

Amount of Child Care Fee: $ ___________________________ per month

AGREEMENT:

1. The Valdosta YMCA Piranha Swim Team monthly debit is a continuous payment plan, and fees are due on the first of each month. I understand that this plan will remain in effect until I wish to terminate my child(ren)’s enrollment in the YMCA Piranha Swim Team.

2. It is to my complete understanding that if I wish to terminate or change my Swim Team payment in any way, I must give the Valdosta YMCA WRITTEN NOTICE PRIOR TO THE 21st OF THE MONTH PRIOR TO MY NEXT DEBIT DATE. If proper notice is not received, I will be held responsible for tuition regardless of whether or not my child attends the Valdosta YMCA Swim Team.

3. Should any debit not be honored by my bank/credit card company for any reason, I understand that I am still responsible for the payment, plus a $25.00 service charge applied by the YMCA. This is in addition to any service fee my bank/credit card company may require.

CREDIT CARD DRAFT:

Credit Card Type (Please circle): VISA MASTERCARD DISCOVER

Name of Cardholder (as it appears on the card): ____________________________________________

Card Number: _______ - _______ - _______ - _______ Exp. Date of Card: ___________ 3 digits on back: _______

I (we) hereby authorize the Valdosta YMCA to debit the above credit card on the date and for the amount indicated each week for my child care services.

_____________________________ _______________________

Card Holder’s Signature Date
Valdosta YMCA Piranhas Swim Team Checklist

The Valdosta YMCA Piranhas Swim Team is a year-round swim club that offers comprehensive training and instruction for all kids of any ability. We offer multi level group placement from the first time swimmer to the most advanced athlete. We are a member club of United States Swimming, competing in USA sanctioned meets throughout the year, as well as, GRPA Summer League Swim Meets during the summer months.

*** MUST COMPLETE CHECKLIST TO BEGIN SWIMMING***

_____ 1. Complete the Attached Registration Application
_____ 2. Complete Auto-Draft Form
_____ 3. Copy of Swimmer’s Birth Certificate
_____ 4. Check Payable to the YMCA for the 1st Month’s Program Fees
_____ 5. Pass the Swim Test and Be Placed in a Group
   Administered by Coach