Makos Swim Team Registration Form
Competition Season Sept. 16th through March 22nd

Participant’s Name: ___________________________ D.O.B _____________ Gender __________

Parent’s Name: ___________________________ Parent’s Name: ___________________________

Billing Address: ___________________________ Town __________________ Zip __________

Home Phone: ___________________________ Cell Phone: ___________________________

E-Mail Address (required): ___________________________ Membership Type: Mem. Non-mem. (circle one)

Emergency Contact Name ________________________ Phone # ___________________________

Swim Team Level ___________________________

Monthly Payments Option:

Number of days swimmer will participate (please choose one):

□ 2 days per week $65 members/ $100 non-member
□ 3 days per week $80 members/ $115 non-member
□ 4 days per week $95 members/ $130 non-member
□ 5 days per week $110 members/ $145 non-member
□ MAKOS JR $55 members/ $90 non-members

Please register for the following months (please check all months you would like to swim, monthly payments will be automatically drafted on the 15th of each month, payment for your first month is due at registration.

□ September 16th – September 27th (3 weeks, prorated)
□ September 30th – October 25th
□ October 28th – November 29th (no practice Thanksgiving week Nov. 19th – 23rd)
□ December 2nd - January 4th (no practice Christmas week / New Year’s Dec. 24th – Jan. 1st)
□ January 6th – January 31st
□ February 3rd – February 28th
□ March 3rdth – March 22nd (3 weeks, prorated)

Full Competition Season Payment Option:

□ 2 days per week $360 members/ $570 non-member
□ 3 days per week $430 members/ $640 non-member
□ 4 days per week $500 members/ $710 non-member
□ 5 days per week $570 members/ $780 non-member
□ MAKOS JR $250 members/ $300 non-members

Required:
Please circle the days of the week your swimmer will be practicing:

Monday  Tuesday  Wednesday  Thursday  Friday
*PLEASE READ & INITIAL POLICIES*

By completing this registration form I understand the following policies:

- Swim Team payments are automatically drafted from the account of your choice on the 15th of each month; payments can also be made in full. *Please indicate your account information on the back of this form Initial: ______
- NO street shoes can be worn on the pool deck; even if entering for a brief moment, shoes must be removed and left in the locker room. This policy is based on the health regulations presented by the State of Massachusetts. Initial: ______
- The pool deck must remain clear during Swim Team in order to ensure clearance in emergency situations. This is a mandated policy by the State of Massachusetts Health Department. Parents and guardians are asked to please sit on the bleachers in the pool room or outside in the lobby area. This policy will be enforced by the lifeguards. Initial: ______
- We cannot offer make-ups, credits, or refunds for any missed practices during the season. Initial: ______
- Swim Team practice will be canceled if the school system cancels school or calls for early dismissal. Initial: ______
- By registering for Swim Team you are making a commitment to be an active team participant. To withdraw from Swim Team you must unregister. Initial: ______

By initialing and signing this form I acknowledge the policies regarding the YMCA Swim Team and understand the YMCA of Martha’s Vineyard continues to update pool policies in ordered to create a safe environment for participants and their families.

Financial assistance is available through our YMCA Financial Assistance scholarship fund. Call the Y for more information (508) 696-7171.

**PLEASE SELECT PAYMENT METHOD:**

☐ Pay in full. Initial:______  ☐ Schedule draft on credit card or bank account. Initial:______

**PAYMENT METHOD:**

☐ CREDIT CARD (please circle: AMEX, Master Card, Visa, Discover)
Card No.:_________________________ Exp. Date _____/______   CVV:_______
Name on Card:_________________________________ Signature:__________________________
Billing Address:________________________________________ Zip Code:______________

☐ CHECK
Account No. :_________________________Routing No. :_________________________
Name on Card:_________________________________ Signature:__________________________
Billing Address:________________________________________ Zip Code:______________

**PARENT AGREEMENT** I hereby give my permission for my child to participate in the Swim Team. I have read and understand the payment and refund policies for the YMCA of Martha’s Vineyard Swim Team. I hereby give my permission to the medical personnel selected by the Aquatics staff to act in the best interest of my child in the case of an emergency. I approve photos to be taken of my child for use in YMCA promotional materials.
SIGNATURE OF PARENT/GUARDIAN   (REQUIRED)   DATE