



**Makos Swim Team Registration Form**  
**Competition Season Sept. 16<sup>th</sup> through March 22<sup>rd</sup>**



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 15<sup>th</sup> of each month, payment for your first month is due at registration.

- September 16<sup>th</sup> – September 27<sup>th</sup> (3 weeks, prorated)
- September 30<sup>th</sup> – October 25<sup>th</sup>
- October 28<sup>th</sup> – November 29<sup>th</sup> (no practice Thanksgiving week Nov. 19<sup>th</sup> – 23<sup>rd</sup>)
- December 2<sup>nd</sup> - January 4<sup>th</sup> (no practice Christmas week / New Year's Dec. 24<sup>th</sup> – Jan. 1<sup>st</sup>)
- January 6<sup>th</sup> – January 31<sup>st</sup>
- February 3<sup>th</sup> – February 28<sup>th</sup>
- March 3<sup>rd</sup><sup>th</sup> – March 22<sup>rd</sup> (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 15<sup>th</sup> 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**