

Harrison County Y.M.C.A. Swim Team

Practice Days and Times

Starts October 4th, 2021

Beginner/Intermediate	Mon - Thu	4:30-5:30
Advanced	TBA	

Price Per Month

	First Child	Second Child	Third Child
Beginner	\$40	\$35	\$30
Intermediate	\$40	\$35	\$30
Advanced	\$50	\$45	\$40

All swimmers that participate will have to become a member of the Harrison County Y.M.C.A.

We are part of the Y league therefore; everyone who participates will have to be a member. The Y membership prices are listed below. And, remember, financial assistance is available. Sign ups are open now at the Y by phone or in person during operating hours.

Y.M.C.A. Membership Rates*

Membership Type	Rates
Youth (18 & Under)	\$15.00/ month
Senior Household	\$30.00/month
Single Parent	\$40.00/ month
Family	\$55.00/month

*Membership fees are drafted monthly through credit/debit, savings or checking.

Harrison County YMCA Release from Liability and Authorization to Obtain Medical Treatment

In consideration of acceptance of my child or ward to participate in the activity described below sponsored by the Y, I, for myself and my child or ward and my and his/her executors, indemnify and save hold harmless the Harrison County YMCA, its trustees, officers, agents, employees, volunteers, members, supervisors of the activity and associated functions, providers of transportation and those in any way connected with or participated in or sanctioning the activity and functions associated therewith whether individually or jointly and severally from and against any and all claims, suits, damages, demands, actions, liabilities, losses or expenses whatsoever which may arise at anytime from said child's or ward's participation in such activity to include but not limited to injuries sustained during the activity or associated function.

I, the undersigned, being the parent or guardian of the child named below, a minor, hereby authorize any adult supervisor of an activity into whose care the minor has been entrusted to consent to and authorize after reasonable attempt to obtain permission from the parent/guardian, any x-ray, examination, anesthetic, medical, dental, or surgical care, diagnosis or treatment by any licensed physician, dentist, or surgeons in any hospital, doctor's office or medical clinic which may be necessary for said minor as a result of participation in the activity or associated functions.

I hereby state that a copy of this authorization may be submitted for the original, which I understand will be on file at the Harrison County YMCA.

_____/_____/_____
Parent/Guardian signature Date Parent/Guardian signature Date

Type or print all of the following information

Activity Name

Child's Name _____
Parent/Guardian's Name

Address _____
City **State** **Zip**

Day Phone _____
Evening/Weekend Phone _____
Cell Phone

Emergency Contacts (other than parents)

Name _____
Phone

Name _____
Phone

Name of Child's Primary Physician

Name _____
Phone

Name of Child's Primary Dentist

Name _____
Phone

Child's Allergies: _____

Medication Child is taking: _____

Health Insurance _____ **Policy Number** _____

Swim Team Program Fee Bank Draft Authorization Form

A bank draft is a continuous program fee taken from a bank account or credit card drafted monthly during the duration of the team season. The Harrison County YMCA Board of Directors may, at its discretion, adjust the monthly rate for programs and membership. You will receive a notice at least four weeks prior to any such change. You also understand that if, for any reason, your bank refuses to honor a monthly draft, your participation in the swim team will be void immediately. Swim team may only be reinstated after payment of all fees. The payment will be taken out once a month.

I have read and understand the payment process for the Harrison County YMCA Swim Team. A copy of a check must accompany this form.

Name of Payee on Account _____

Name of Swimmer _____

Signature of Payee _____ Date _____

I hereby authorize the payment from the account below:

Name of Bank _____

Checking _____ Savings _____ Credit Card _____

Address of Bank _____

Transit Routing # _____

Account # _____

Mastercard/Visa/Discover Card # _____ Exp. Date __/__/__

Please check one:

1st Child

2nd Child

3rd Child

_____ Beginner \$40/month

_____ Beginner \$35/month

_____ Beginner \$30/month

_____ Intermed \$40/month

_____ Intermed \$35/month

_____ Intermed \$30/month

_____ Advanced \$50/month

_____ Advanced \$45/month

_____ Advanced \$40/month

Swimmer's Information and Registration Sheet

Swimmer's Name _____

Address _____

Date of Birth _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Emergency Contact People (other than parents)

1. _____ Phone _____

2. _____ Phone _____

E-mail Address _____

(Provide one e-mail for a responsible adult. **All correspondence is made through e-mail.**)

Please list any needs you feel the coaches at the Y should be made aware of:
