



2009 - 2010 Mission Valley / Toby Wells YMCA Seals Swim Team Registration Form

Mission Valley: 619-298-3576 • Fax: 619-298-4341 • Toby Wells: 858-496-9622

Participants Name: _____ (Please Print Clearly)

Address: _____ City: _____ Zip Code: _____

Age: _____ Birth Date: _____ Phone: _____

Parent's Name(s) _____ Parent's Email: _____

Facility: Mission Valley Toby Wells

Coaching Fees are included. Siblings receive \$5 off the monthly fee.

Mini-Seals Monthly

(Mission Valley & Toby Wells)

- Member\$63
- Participant\$79

Mini-Seals Summer League

(Mission Valley & Toby Wells)

- Fee\$200

Competitive Team: Monthly

(Mission Valley only unless noted)

- Age Group 1\$ 65
(Mission Valley and Toby Wells)
- Age Group 2\$ 70
(Mission Valley and Toby Wells)
- Age Group 3\$ 85
- PreSenior 1\$ 90
- PreSenior 2\$ 95
- Senior\$106

Competitive Team: Seasonal

(Mission Valley only unless noted)

September - March

- Age Group 1\$455
(Mission Valley and Toby Wells)
- Age Group 2\$490
(Mission Valley and Toby Wells)
- Age Group 3\$595
- PreSenior 1\$630
- PreSenior 2\$665
- Senior\$742

April - August

- Age Group 1\$325
(Mission Valley and Toby Wells)
- Age Group 2\$350
(Mission Valley and Toby Wells)
- Age Group 3\$425
- PreSenior 1\$450
- PreSenior 2\$475
- Senior\$530

**First month's fee due at sign-up.
Make checks payable to
Mission Valley YMCA.**

Please complete both sides of this registration form and the attached form to authorize bank draft/credit card draft.

Swimmer must be USA Swimming registered to compete in USA meets.
(See a coach for more information).

YMCA or Youth Membership required for competitive team.
See Membership Office to sign up.

Evaluation Date: _____ Coach Sign Off: _____



MISSION VALLEY/TOBY WELLS YMCA

5505 Friars Road, San Diego, CA 92110-2682 Phone: (619) 298-3576 Fax: (619) 298-4341

REGISTRATION FORM (One Form Per Child)

Version en Español disponible en la area de recepcion y en el internet en:
www.missionvalley.ymca.org

Child's name _____ M ___ F ___ Age _____ Grade _____ Birth Date _____ Home Phone _____

Address _____ City _____ Zip _____ - _____ School _____

Parent's name _____ Parent's name _____

Employed by _____ Employed by _____

Occupation _____ Occupation _____

Parent's work phone/cell _____ Parent's work phone/cell _____

Email address: _____ Email address: _____

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. _____

Policy number: _____

FAMILY DOCTOR: _____

Address: _____

Phone: _____

HEALTH RECORD (check if applicable or allergic)

- Ear Infections Poison Oak Rheumatic Fever Diabetes
- Insect Stings Convulsions Penicillin Hay Fever
- Behavioral Problems Tetanus immun. date: _____
- Other: _____

Operations, serious injuries, diseases, restrictions on physical activity: _____

Give name and purpose of medication taken: _____

FINANCIAL SUBSIDY INFORMATION

Child/family is enrolling in this YMCA program with subsidy funds paid for by:

- YMCA GAIN or Alternative Payment Program
- Other: _____

MEMBER OF THE MISSION VALLEY YMCA:

- No Yes; as a Family Youth

Expiration Date: _____

- Please send more information about YMCA Membership

CHILD RELEASE AUTHORIZATION

Authorized persons, other than parents, to pick up child from the facility:

Name	Relationship
_____	_____
_____	_____

Persons **UNAUTHORIZED** to pick up child from the facility:

Name	Relationship
_____	_____
_____	_____

Child in custody of:

- both parents mother father

other: _____

Child lives with:

- both parents mother father

other: _____

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

Name of Minor _____

Please Print

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.

3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.

4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

6. The Mission Valley YMCA may use my child's photos for promotional purposes. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

Signature of Parent/Guardian _____

Date _____

Print Name _____

Mission Valley YMCA Seals Swim Team 2009-2010

Bank Draft/Credit Card Draft Authorization MVY Seals Swim Team

I hereby authorize Mission Valley YMCA to initiate debits to the Bank or Credit Card indicated below. This authority is to remain in full force and effect until the Mission Valley YMCA has received written notification regarding the termination of this agreement. Cancellation requests must be in writing 30 days prior to your draft date. I understand there are no refunds given and that it is my responsibility to check my monthly bank statement and report any corrections immediately to the Mission Valley YMCA. I also understand that I will be charged a \$20.00 fee for any returns.

Participants's Name: _____ Parent's Name _____

Bank Name (for bank draft): _____ Visa Mastercard Discover

Credit Card Number: _____ Expiration Date: _____

Parent Signature: _____ Date: _____

If you have further questions, please contact
Rachel Jacobs, Program Administrator, at 619-298-3576, ext. 1211.

Please sign and return the upper portion of this document.



Payment Information

1. **Competitive Swim Team** payments are processed by bank draft, credit card draft or up-front season fee. Participants must be an active member of the Mission Valley YMCA or the Toby Wells YMCA.
2. **Mini-Seals Swim Team** payments are processed by bank draft or credit card draft. Mini Seals participants are not required to be a member of the Mission Valley YMCA or the Toby Wells YMCA.
3. Bank Drafts take place on the 10th of each month and credit card drafts on the 15th of each month.
4. A cancellation form must be filled out 30 days prior to cancelling. (Cancellation Forms available at the front desk).
5. For bank draft; we need a voided check (no deposit slips). For credit card draft; we need the type of credit card, the credit card number and expiration date.