

Itasca Co Family YMCA Sea Turtles Swim Team

FULL SEASON SWIMMER REGISTRATION



YUSA Rule:

All swimmers MUST be a YMCA member to participate on the Sea Turtles team.

FULL Sea	son fees may be sprea	d over a 5-month b	oank draft. (Oct, N	ov, Dec, Jan, Feb)
iwimmer's Name		Age	Birthdate_	
ULL SEASON SWIM FE	E:			
MCA Member(family	or youth membership):		
	Current Y Membe	r Team Season Fe	: e	\$500
	Bankdraft 5 month	hly charge (Oct-Feb	J	<i>\$100</i>
	(this fee on top of fa	amily/youth members	ship dues)	
Community:	5 month Membership Dues (October through February)		\$135	
	Team Season Fee			\$500
	Community – tota	al for swim seaso	n	\$635
	Bankdraft 5 monthly charge (Oct-Feb)			<i>\$127</i>
	jular season meets, s			
wimmers must comp	ete in 3 regular seaso	on meets to partic	ipate in the sect	ion swim meet.
Davant Nama		Dhara		
Parent E-Mail:		Emergency co	ntact name	
Emorgoney Contact Dh	one:	Parent Signat	ture:	

Monthly Payment Plans, Multi Sibling Discounts, & Financial Assistance Available

More than one child swimming? Here is the breakdown price for more siblings.

FULL SEASON SWIM FEE: (five months Oct, Nov, Dec, Jan & Feb)

1st Swimmer	2nd Sibling	3rd Sibling	4+ Siblings
-------------	-------------	-------------	-------------

Full Price \$75 discount \$150 discount **Free**

YUSA Rule:

All swimmers MUST be a YMCA member to participate on the Sea Turtles team.

Sea Turtle Swim Team Y membership includes access to most amenities at the Itasca YMCA during normal operating hours. 12-13 year olds have full use of Wellness Center after attending a Wellness Center Orientation. Fill out a request for Wellness Center Orientation at the Membership Desk.

WAIVER

In consideration of participation in the Itasca Co Family YMCA Sea Turtles Swim Team I hereby release and hold harmless the Itasca County Family YMCA, employees, representatives, and volunteers from and against all liabilities, damages, injuries suffered or incurred during the program participation. Furthermore, I acknowledge that I have been made aware of and understand the risks involved in such activity, and am prepared to assume, on behalf of myself, all such risks as my sole responsibility. I understand that Sea Turtles swim team practices and home meets are held at ISD 318 RJEMS pool.

Name of Swimmer		
Name of Parent/Guardian		
		
Signature of Parent/Guardian	Date	