



**MIDDIES TEAM CONTRACT      SEASON: 2009-2010**

(Please print clearly. One form per child.)

Swimmers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle) F M

Swimmer's email (email most often checked by family): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian Name 1: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Team Enrolled in (circle one) Pre-Team Bronze Silver Gold Junior Senior B Senior A

**Team fees and payment options are listed on page 3 of this contract.**

- Families opting for the installment plan will pay a NON-REFUNDABLE \$50 Installment Plan Surcharge which is charged in the first payment.**
- YWCA membership is required of all team members. **The annual membership fee must be paid with the first payment in September and is NON-REFUNDABLE.**
- Middies is a year-round swim team for the period from September, 2009 through July, 2010 (the "Middies Year"). Registration is for the Middies Year. Parents are responsible for all fees for the Middies Year if a swimmer withdraws for other than an acceptable medical condition. \*Note: If notice is given in writing by January 1<sup>st</sup>, that a swimmer will be leaving the team, no further fees would be due for the Middies Year, and a pro-rated portion of the Team Fee (if it has been paid in full) will be reimbursed as described in the refund policy below. If notice is not given prior to January 1<sup>st</sup>, all fees are owed in full.
- Swimmers with **delinquent/non-paid accounts will be prohibited from participating** until fees are paid.
- Completed registration packet, including signed Athlete and Parent Expectations and Code of Conduct required for all swimmers.
- All parents are encouraged to volunteer in some capacity for the swim team.

**Refund Policy**

All notices for withdrawal from the YWCA Middies Swim Team must be received in writing. Payment must be up to-date in order to be eligible for any refund.

Refunds will be given as follows:

Withdrawal by October 1, 2009	80% of total team fee
Withdrawal by November 1, 2009	60% of total team fee
Withdrawal by December 1, 2009	40% of total team fee
Withdrawal by January 1, 2010	20% of total team fee

**After January 1, 2010, no refunds of Team Fees will be issues. Refunds do not include Installment Plan Surcharge or YWCA Membership Fee, each of which is NON-REFUNDABLE.**

Please sign below indicating your acceptance of the terms of this contract.

\_\_\_\_\_  
Signature-Parent or Guardian

\_\_\_\_\_  
Date

**YWCA White Plains & Central Westchester**

Activity Center: 515 North Street • White Plains, NY • 10605 • (914) 949-6227 • www.ywcawhiteplains.com

Residence: Kennedy Duncan / Acheson Wallace Hall • 69 North Broadway • White Plains, NY 10603 • (914) 428-1130



Swimmers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Level: \_\_\_\_\_

**Middies Swim Team General Permission & Indemnity Form**

**YWCA Release/Hold Harmless Policy**

I (Guardian's Name) \_\_\_\_\_, represent and certify that I am at least 18 years of age, am the legal Guardian of (Child's Name) \_\_\_\_\_. I hereby release and agree to hold harmless the YWCA of White Plains & Central Westchester, its principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in Middies Swim Team, to the greatest extent allowed by law.

By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Program Director in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography Release Policy**

I further grant permission to the YWCA of White Plains & Central Westchester to use photographs of my child taken at the Middies Swimming program for publicity purposes.

By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any photograph, I understand that I must notify the Program Director in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Emergency Treatment Consent**

In the event of an emergency, I \_\_\_\_\_ the parent of \_\_\_\_\_ give permission for immediate first aid to be administered by a qualified member of the YWCA staff or other authorized personnel. If the situation should require medical attention, the Middies staff will attempt to contact parent / guardians, as soon as circumstances permit, or the listed emergency contact person. The Middies Director or another staff member will call the designated physician and / or local emergency unit for treatment and / or transportation to a medical facility. A staff member will accompany the child to the hospital and stay with them until the parent / guardian arrives.

When a Middies swimmer becomes ill / injured and does not require emergency care, he/she will be monitored by the medical staff. Parents will be notified and the child will be dismissed to parental care.

I have read and understood this policy of the YWCA of White Plains and Central Westchester.

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Participant's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**- FOR FRONT DESK -**

Swimmers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Level: \_\_\_\_\_

**Payment Options:**

The YWCA Middies Swim Team offers three payment options: Full payment, Bi-Annual Payment Plan and 6-month Payment Plan. A \$50 fee is assessed for the 6-month Payment Plan option; this option must be paid via credit card. The fee schedule is as follows:

Level	Team Fees (includes YWCA membership and USS Swim fee)	Bi-Annual Plan (first payment / second payment)	6-Month Payment Plan (first payment / monthly balance due for remaining 5 payments)
<b>Pre-Team</b>	975.00	500.00 / 475.00	205.00 / 164.00
<b>Bronze</b>	1,650.00	850.00 / 800.00	340.00 / 272.00
<b>Silver</b>	1,800 .00	950.00 / 850.00	370.00 / 296.00
<b>Gold</b>	2,250.00	1,200.00 / 1,050.00	460.00 / 368.00
<b>Junior</b>	2,350.00	1,250.00 / 1,100.00	480.00 / 384.00
<b>Senior B</b>	2,600.00	1,350.00 / 1,250.00	530.00 / 424.00
<b>Senior A</b>	2,750.00	1,500.00 / 1,250.00	560.00 / 448.00

**Payment Agreement:**

Level: \_\_\_\_\_ Team Fee: \$ \_\_\_\_\_  
 Payment Plan Installment: \$ \_\_\_\_\_  
**Total enclosed:** \$ \_\_\_\_\_

**If choosing payment plan options:**

\_\_\_\_\_ I agree to make the Bi-Annual payments for the Team Level above.

**Payments are due Sept 24 and Dec 24**

\_\_\_\_\_ I agree to make the 6 Monthly payments for the Team Level above of: \$ \_\_\_\_\_

**Payments are due Sept 24, Oct 24, Nov 24, Dec 24, Jan 24 and Feb 24**

Charge these payments to the credit card listed below.

**CREDIT CARD INFORMATION**

Cardholder's Name( Please print) \_\_\_\_\_ Signature \_\_\_\_\_

Visa / MasterCard/ Discover # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_