



For Office Use Only	
Bronze	_____
Silver	_____
Prep B	_____
Prep A	_____
Senior B	_____
Senior A	_____

MIDDIES TEAM CONTRACT: 2011-2012

(Please print clearly. One form per child.)

Swimmers Last Name: _____ First Name: _____ MI: _____

Address: _____
 Street City State Zip

Date of birth: ___/___/___ Gender (circle) F M

Home Phone: _____

Parent/Guardian Name 1: _____ Parent/Guardian Name 2: _____

Cell: _____ Cell: _____

Work Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____

Emergency Contact Name: _____ Relationship to child: _____

Phone # _____ Cell # _____

1. **YWCA membership of \$60** is required of all team members. **This fee is incorporated into the tuition fee and will be charged with the first installment. YWCA membership fees are NON-REFUNDABLE.**
2. Middies is a year-round swim team for the period from September through July (the "Middies Year"). Registration is for the Middies Year. Parents are responsible for all fees for the Middies Year regardless if a swimmer withdraws for other than an acceptable medical condition. *Note: If written notice is given by January 1st, indicating 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 (only 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 1st, all fees are owed in full.
3. Swimmers with **delinquent/unpaid fees will be prohibited from participating in practice** until fees are paid in full.
4. Completed registration packet, including signed Athlete and Parent Expectations and Code of Conduct required for all swimmers. This is in the Parents Handbook which will be given out at the Fall Parents Meeting and also available in the Aquatics Office.
5. All parents must volunteer a minimum of 30 hours for the swim team per year or pay the **volunteer fee of \$200 by March 1st**. If you are not able to assist in any capacity, the volunteer fee of \$200 can be paid in lieu of service by March 1st.

Refund Policy

All notices for withdrawal from the YWCA Middies Swim Team must be received in writing. Payments must be up to-date in order to be eligible for any refund. **After January 1, 2012, no refunds of Team Fees will be issued.**

YWCA Membership and USS Fee are NON-REFUNDABLE.

Refunds will be given as follows:

Withdrawal by October 1, 2011	80% of total team fee
Withdrawal by November 1, 2011	60% of total team fee
Withdrawal by December 1, 2011	40% of total team fee
Withdrawal by January 1, 2012	20% of total team fee

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: _____

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 #: _____

Swimmers Last Name: _____ First Name: _____ Level: _____

Payment Options:

The YWCA Middies Swim Team offers two payment options: (1) Pay in Full and (2) a 4 Month Installment Payment Plan. A valid credit card is required in order to be eligible for the 4 month installment payment plan. There is no payment plan option available for cash or checks. The Swim Team fee includes a one year non-refundable YWCA membership of \$60, and the USS Swim fee of \$60.

The fee schedule is as follows:

Level	Option 1 Payment in Full	Option 2 4 Equal Monthly Installments of:
Bronze	\$1,800.00	\$450.00
Silver	\$1,950.00	\$487.50
Prep B	\$2,400.00	\$600.00
Prep A	\$2,500.00	\$625.00
Senior B	\$2,750.00	\$687.50
Senior A	\$2,900.00	\$725.00

Payment Agreement:

Level: _____

Team Fee:

Paid In Full amount: \$ _____

Payment Plan Installment: \$ _____

Total enclosed: \$ _____

Please check payment plan option:

1. _____ I agree to make the payment in full for the Team Level above.

Payment is due September 12.

2. _____ I agree to make the 4 monthly installment payments for the Level above of: \$ _____

Payments are due Sept 12, Oct 12, Nov 14 and Jan 12.

Please charge these payments to the credit card listed below.

CREDIT CARD INFORMATION

Cardholder's Name(Please print) _____ Signature _____

Visa / MasterCard/ Discover # _____ - _____ - _____ - _____

Expiration date: ____/____