

YMCA IMV - Swim Team Registration form

Staff User ID	Date Rec'd	FTID#:	Participant Name (Last, First, MI):
---------------	------------	--------	-------------------------------------

Choose one:	Monthly Fee
<input type="checkbox"/> Dev 1-YMCA League	\$55
<input type="checkbox"/> Dev2-USA Swimming	
<input type="checkbox"/> Bronze	
<input type="checkbox"/> Silver	\$60
<input type="checkbox"/> Gold	\$65
<input type="checkbox"/> Senior	\$70
<input type="checkbox"/> Platinum	\$75
<input type="checkbox"/> Elite	\$80

Choose Team (req'd):

North Scott River Otters North Dragons

If registration is submitted after the 20th of the month, 1st month must be paid at time of registration; monthly draft will begin the first of the month after registration.

Total Due:\$ _____ Cash Check# _____

YMCA IMV Authorization to EFT Monthly Program Fee Payments

- My monthly draft will be \$ _____ beginning on 1st of _____ from (choose one):

Same account as my monthly membership fees

Different account –choose one Checking or Savings Account.

ENTER BANK ACCOUNT INFORMATION BELOW – PLEASE PRINT CLEARLY

BANK ROUTING # BANK ACCOUNT# _____

(ROUTING # MUST BE 9 DIGITS)

I attest that I have the authority to authorize recurring payments from this account. MEMBERS INITIALS: _____

- Bank draft payment plan is a **CONTINUOUS** Plan, and it will continue unless the YMCA IMV is **NOTIFIED IN WRITING 15 DAYS PRIOR TO NEXT DRAFT.** **Account Holder's Initials:** _____
- Program rates are subject to change; you will be notified in writing prior to any rate adjustments. Program fees are non-refundable.
- Program fees collected on the 1st of the month are for that month's services and may **NOT** be carried over to future months or transfer to another member or program.
- I will notify the YMCA IMV of change in my bank account, phone number, email or home address.
- I understand that, should any bank draft not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fee assessed by the YMCA IMV. This is in addition to any service fees assessed by my bank.

Account Holder's Signature:

_____ **Date:** _____

(Parent/Guardian if minor under 18) Signature required for registrations, even those using the same account as their membership draft.

Swim Team Coach's signature:

_____ **Date:** _____

Waiver of Liability & Promotion

The YMCA of the Iowa Mississippi Valley (hereinafter referred to as "Y") is not obligated to furnish any insurance under the Y program referred to below although it may do so without any obligation as to the adequacy of any insurance it might furnish. I, the program participant or parent/ legal guardian of the program participant agree that they and all individuals participating in Y programs in any capacity, will not be liable for any causes of actions, claims and injuries arising out of the participation of the applicant in Y programs, and hereby release all said individuals from such claims and liabilities. The undersigned acknowledges that in all activities there are certain risks of physical injuries and all participants participate at their own risk. I, as parent /legal guardian of program participant under the age of 18 consent to the participation of the applicant in Y programs listed on this registration form under the above mentioned conditions. We(I) give our (my) consent to be photographed, videotaped and/or filmed while participating in any YMCA activity and for the resulting photos, etc. to be used by the YMCA for educational and promotional purposes. I have read and understand the above.

LEGAL AUTHORIZATION OF REGISTRATION INFORMATION & WAIVER OF LIABILITY AND PROMOTION

Signature of Program Participant (if under 18, parent/legal guardian's signature) _____ Date _____

Revised: 3/31/2023

YMCA IMV - Swim Team Program Change Form

Staff User ID	Date Rec'd	FTID#:	Participant Name (Last, First, MI):
---------------	------------	--------	-------------------------------------

Transfers must be received by the 20th of the month to be effective for the next month's bank draft.

Effective Date of Transfer: _____

CURRENT PROGRAM		NEW PROGRAM	Monthly Fee
Choose one:		Choose one:	
<input type="checkbox"/> Dev1-YMCA League		<input type="checkbox"/> Dev1-YMCA League	\$55
<input type="checkbox"/> Dev2-USA Swimming		<input type="checkbox"/> Dev2-USA Swimming	
<input type="checkbox"/> Bronze		<input type="checkbox"/> Bronze	
<input type="checkbox"/> Silver		<input type="checkbox"/> Silver	\$60
<input type="checkbox"/> Gold		<input type="checkbox"/> Gold	\$65
<input type="checkbox"/> Senior		<input type="checkbox"/> Senior	\$70
<input type="checkbox"/> Platinum		<input type="checkbox"/> Platinum	\$75
<input type="checkbox"/> Elite		<input type="checkbox"/> Elite	\$80

New Account information only
 ENTER BANK ACCOUNT INFORMATION BELOW
 PLEASE PRINT CLEARLY
 Checking or Savings Account.

BANK ROUTING #

(ROUTING # MUST BE 9 DIGITS)

BANK ACCT# _____

I attest that I have the authority to authorize recurring payments from this account.

MEMBERS INITIALS: _____

Switching Teams –Choose new team: North Scott River Otters North Dragons

I/my child is transferring programs as noted above. I acknowledge that the new monthly draft will be \$_____ beginning on 1st of _____ for the new class will continue to be drawn from my account on a monthly basis.

- Bank draft payment plan is a **CONTINUOUS** Plan, and it will continue unless the YMCA IMV is **NOTIFIED IN WRITING 15 DAYS PRIOR TO NEXT DRAFT.** **Account Holder's Initials:** _____
- Program rates are subject to change; you will be notified in writing prior to any rate adjustments. Program fees are non-refundable.
- Program fees collected on the 1st of the month are for that month's services and may **NOT** be carried over to future months or transfer to another member or program.
- I will notify the YMCA IMV of change in my bank account, phone number, email or home address.
- I understand that, should any bank draft not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fee assessed by the YMCA IMV. This is in addition to any service fees assessed by my bank.

Account Holder's Signature: _____ **Date:** _____

(Parent/Guardian if minor under 18) Signature required for registrations, even those using the same account as their membership draft.

Swim Team Registration Cancellation

PLEASE PRINT

Program Participant: _____ Parent's Name: _____

Please cancel my program bank draft/s for the swim team effective: _____.

Valid effective dates are the 1st of a month and written cancellation notice must be received 15 DAYS PRIOR TO NEXT DRAFT. I understand cancelling the swim team program fee bank draft also cancels my/my child's registration in the program.

Account Holder's Signature: _____ **Date:** _____

(Parent/Guardian if minor under 18)

Swim Team Coach's

signature: _____ **Date:** _____