



# PRINCETON FAMILY YMCA

## 2010-2011 SWIM TEAM REGISTRATION

PLEASE FILL OUT **ALL INFORMATION**  
EACH SWIMMER MUST HAVE A COMPLETED FORM

Swimmer's Name \_\_\_\_\_

Age (as of 12/1/10) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_  
(if different than swimmer)

Parent/Guardian 2 \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_  
(if different than swimmer)

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

PRIMARY METHOD OF COMMUNICATIONS WITH SWIM TEAM FAMILIES IS EMAIL. PLEASE **PRINT CAREFULLY** A RELIABLE EMAIL ADDRESS TO WHICH YOU WOULD LIKE ALL TEAM INFO SENT:

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

### ALL SWIMMERS MUST MAINTAIN A FULL FACILITY MEMBERSHIP THROUGH THE ENTIRE SWIM SEASON

The swim team fee may be paid in full or in 3 installments (via credit card only). Installment plan: **50% due at registration; 50% of remaining balance due October 15<sup>th</sup>; final balance due November 15<sup>th</sup>.** For both full payment and installments, **\$100 deposit from total payment is NON-REFUNDABLE.**

**Any returned/declined payments will be charged a \$34.00 processing fee.**  Pay in FULL  Pay in Installments

VOLUNTEER OPT-OUT FEE  
**\$200**

PRE COMPETITIVE TEAM  
**\$105** (per day per 8 wk. session)

YMCA COMPETITIVE TEAM  
**\$800**

	PAID IN FULL	PAYMENT 1 (50%)	PAYMENT 2 (25%)	PAYMENT 3 (25%)
AMOUNT				
DATE				
STAFF INITIALS				

### PRACTICE OPTIONS

Swimmers registered for the YMCA Swim League only must attend a minimum of **2 practices per week**, with a **maximum of 4 days per week**. Swimmers **must pre-register** for the days and times when they will practice; **practice times are not interchangeable**, except under extenuating circumstances. Please check the days and times below when your swimmer will attend practice.

- Wednesday 7:00-8:00pm  
(all swimmers)
- Friday 7:00-8:00pm  
(10 & under)
- Saturday 3:00-4:00pm  
(10 & under)
- Sunday 2:00-3:30pm  
(10 & under)
- Monday 7:00-8:00pm  
(11 & over)
- Wednesday 7:00-8:00pm  
(all swimmers)
- Friday 8:00-9:30pm  
(11 & over)
- Saturday 4:00-5:00pm  
(11 & over)
- Sunday 3:30-5:00pm  
(11 & over)

PLEASE REVIEW ALL CREDIT CARD AND BILLING INFORMATION AS PRESENTED ON THE YMCA MEMBERSHIP APPLICATION. IF YOU CHOOSE TO TERMINATE YOUR MEMBERSHIP FOLLOWING THE 2010-2011 SEASON, YOU MUST NOTIFY THE MEMBERSHIP OFFICE.

- In consideration of the good will, public service, and community aid provided by the Princeton Family YMCA, I hereby grant permission to the YMCA to use my name or my swimmer's name, to take and publish photographs, or use video in any media and promotional material for legitimate purpose. I release all rights to such photographs, videotapes, etc.
- My swimmer and I hereby agree to abide by the rules and regulations set by the Princeton Family YMCA.
- I, as the parent/guardian of the swimmer, agree to abide by the payment schedule to make sure my swimmer stays in good standing with the Princeton Family YMCA and NJ YMCA Swim League.

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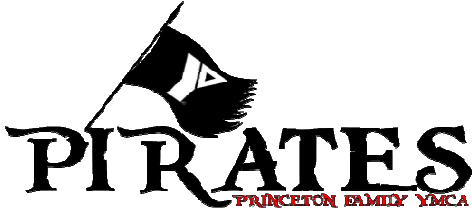
Signature of Parent/Guardian

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PRINT Parent/Guardian

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Date



# PRINCETON FAMILY YMCA 2010-2011 SWIM TEAM MEDICAL INFO

PLEASE FILL OUT ALL INFORMATION  
EACH SWIMMER MUST HAVE A COMPLETED FORM PRIOR TO THE FIRST DAY OF PRACTICE

Swimmer's Name \_\_\_\_\_

Age (as of 12/1/10) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Allergies to Medications?  Y  N If YES, please list: \_\_\_\_\_

Please list any current medications: \_\_\_\_\_

Does the swimmer have asthma?  Y  N Does the swimmer use an inhaler?  Y  N

Does the swimmer have any physical or learning disabilities? \_\_\_\_\_

**FOR ANY OTHER MEDICAL CONCERNS/CONDITIONS, PLEASE USE THE BACK OF THIS FORM.**

Medical Insurance Company \_\_\_\_\_ Policy/ID # \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Phone \_\_\_\_\_

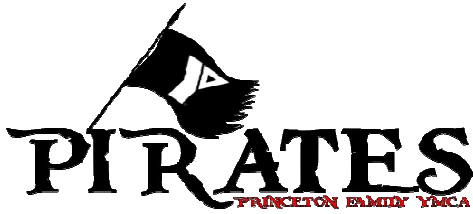
PLEASE LIST TWO OTHER INDIVIDUALS WE MAY CONTACT IN THE EVENT OF AN EMERGENCY:

Emergency Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I understand that every effort will be made to contact parents/guardians of the swimmer. In the event that I cannot be reached, I hereby authorize emergency care for my child during participation in the Princeton Family YMCA Swim Team if, in the judgment of the coaching staff, treatment is required for injury or illness. I hereby give permission to the physician selected by the Aquatics Director to hospitalize and secure proper treatment for my child, and I authorize the administration of anesthesia and surgery, as well as recourse to other procedures as deemed necessary by the attending physician. I understand that I am financially responsible for any expense for medical care of transportation incurred on my child's behalf. I hereby release the Princeton Family YMCA and its employees from any responsibilities for injuries during my child's participation in the Princeton Family YMCA Swim Team.

\_\_\_\_\_  
Signature of Parent/Guardian PRINT Parent/Guardian Date



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# PRINCETON FAMILY YMCA

## 2010-2011 SWIM TEAM

### SWIMMER AND PARENT EXPECTATIONS

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EACH SWIMMER MUST HAVE A COMPLETED FORM

**As part of the Princeton Family YMCA Pirates COMPETITIVE SWIM TEAM, it is expected that:**

- A competitive swimmer will attend a minimum of 2 practices per week.
- A competitive swimmer will attend 4 meets throughout the regular season.
- A competitive swimmer will attend Championship meets, should they qualify.
- A competitive swimmer will attend the "mock meet" scheduled at John Witherspoon Middle School pool where the Pirates' home meets are hosted.
- A competitive swimmer will always display good sportsmanship and show respect and consideration for my fellow team members, coaches, and also competitors.
- A competitive swimmer will always support, assist, and encourage my teammates and help foster positive team spirit.
- A competitive swimmer will always be on the pool deck on time for swim practice and swim meets.
- A competitive swimmer will always try their hardest and practice/compete to the best of their ability at all times.

**As part of the Princeton Family YMCA Pirates PRE-COMPETITIVE SWIM TEAM, it is expected that:**

- A pre-competitive swimmer will attend a minimum of 1 practice per week.
- A pre-competitive swimmer will have the opportunity to participate in swim meets.
- A pre-competitive swimmer will always follow the expectations a competitive swimmer is held to as well as mentioned above.

**As a PARENT of a swimmer on the Princeton Family YMCA Pirates Swim Team, it is expected that:**

- In order for my child to succeed, I will be very supportive of him/her and the entire swim team and YMCA at all times.
- Each family must participate in the Swim Team fundraisers throughout the season. Please understand that in order to make the Swim Team Year-End Banquet a success, the team must hold a fundraiser.
- A swim meet takes up to 30+ parent volunteers to run a successful meet and therefore each parent is obligated to volunteer their time to help run dual meets (home/away) and invitational and championship meets throughout the duration of the swim season. At a minimum of 3 meets will be required from each parent/family (2 away/1 home).
- Every parent understands that in order for his/her child to participate on the swimming team, all fees and expenses will be taken care of and paid on a timely basis. Failure to keep up to date and on track with this may result in your child not being able to participate.
- Every parent will always treat all Swim Coaches, Officials, Opposing Teams, YMCA Directors, and other Swim Team Families with courtesy and respect, and in a manner that reflects positively on the Princeton Family YMCA and the Pirates Swim Team.
- Every parent understands that failure to comply with this agreement, swimmers and families will potentially be ineligible to attend the Awards Banquet, and may not be eligible to participate next season, all in fairness to other team members who have upheld this agreement.

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WE HAVE READ AND COMPLETELY UNDERSTAND THIS AGREEMENT, AND PLEDGE TO UPHOLD IT.

\_\_\_\_\_  
Swimmer Signature

\_\_\_\_\_  
Swimmer Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date