



MCGAW YMCA SWIM TEAM (MYST) REGISTRATION FORM

A. Swimmer Information

(Please include all information, as it is important for the McGaw YMCA and USA Swimming Registration.)

Last Name	Middle	First Name	Gender	Date of Birth	Level	Total

B. Parent/Guardian Information

Guardian Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Contact Phone Number: _____

Guardian Name: _____ Email: _____

Contact Phone Number: _____

Who may we contact regarding payments and registration?

C. YMCA Membership Status

(All Swimmers **must** have a current **McGaw YMCA** membership and it must remain active through the end of the program.)

Current membership status: Family High School Youth

D. Payment

Are you a McGaw YMCA Staff Member? Full Time (40% discount) Part-Time (20% discount) Supervisor: _____
 Automatic Draft* Payments will be taken on the 1st of each month. If you wish to remove your swimmer from the team you must contact us by the 15th of the current month so that we have time to find a replacement. Failure to let us know by the 15th of the current month will result in your payment being drafted for the following month.

I am interested in applying for a scholarship Yes* No *Please include a copy of your most recent Federal Tax Return (Form 1040)

I am interested in making a donation to help provide scholarship for families to participate on MYST: \$ _____

Total amount enclosed: \$ _____

Method of Payment: Check (Make checks payable to McGaw YMCA) Visa MC Discover AMEX

Credit Card #: _____ Exp date: _____ CVV Code: _____

Name on CC: _____ Billing Zip: _____

Assumption of Personal Responsibility: I hereby assume all risks and dangers and will hold harmless McGaw YMCA and their respective offices, agencies, and employees from all actions, causes of actions, suits, and any claims, demands, and liabilities whatsoever, both in law and equity, in connection with participating activity. I have accepted responsibility for verifying that my child(ren) has no physical or psychological problems that would prohibit participation in this program. I agree to comply with all instructions and directions of the McGaw YMCA staff, including volunteer leaders, during my child's participation

Permission to Provide Necessary Treatment or Emergency Care: In the event parent/guardian cannot be reached in an emergency and an individual age 17 or younger is in need of emergency care, I hereby give permission to the qualified personnel selected by the McGaw YMCA to request treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached/cannot respond in an emergency, I hereby give permission to administer treatment, including hospitalization, for the person(s) named above.

Photo Policy: YMCA classes and events may be photographed or video taped for promotional purposes. Anyone wishing to be excluded should tell the photographer/videographer.

Parent/Guardian Signature: _____ Date: _____