



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Oneonta Family YMCA Team Billing and Payment Information

PRIMARY BILLING INFORMATION (*All information must be completed)

Billing Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Employer: _____ Work Phone: _____

E-mail Address: _____

PAYMENT INFORMATION

AUTODRAFT FROM CHECKING- 15th of each month

ACCOUNT NO. _____
FULL NAME OF BANK _____
ROUTING NUMBER _____

AUTOPAYMENT FROM CREDIT/ DEBIT- 15th of each month

NAME OF BANK/ CREDIT CARD COMPANY _____
CARD NO. _____
Expiration Date. _____
CVC Code _____

CHECK- Full Amount (All checks made payable to Oneonta Family YMCA)

CASH- Full Amount (At the YMCA Front Desk ONLY)

I understand:

- Registration is not complete (and therefore not assured) until all forms are submitted.
- Any change in card information must be brought to the Coordinator's attention immediately- Delinquent payments may result in suspension of program enrollment.
- Fees are not prorated for weeks when there is a holiday or for a child's absence from program.
- You are responsible for the full season total payment, regardless of how many practices you attend.
- It is your responsibility, if injured and will miss an extended time, to contact the Team Coordinator- Stop payment because of this extenuating circumstance must be accompanied by a doctor's note.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Primary Billing Party Signature

Primary Billing Party Name (please Print)

Date

Oneonta Family YMCA Team Registration

Child's Full Name: _____ Gender: Male Female Date of Birth: _____
_____/_____/_____ Age: _____

Allergies (Drugs/ Insects, Etc.)

Medical Conditions/ Restrictions to Activities

Parent/Guardian Information:

Relation to Child: _____

First Name: _____

Last Name: _____

Relation to Child:

First Name:

Last Name:

EMERGENCY CONTACTS

City: _____ State: _____ Zip: _____

Cell: _____

Email: _____

City: _____ State: _____ Zip: _____

Cell: _____

Email: _____

PARENT/ GUARDIAN AGREEMENT

*Must list at least one emergency contact in addition to Parent/ Guardian per Safety Regulations. Contacts listed are authorized to pick up child.

Name: _____ Relationship: _____ Cell Ph: _____

Name: _____ Relationship: _____ Cell Ph: _____

Name: _____ Relationship: _____ Cell Ph: _____

Please read and initial the following:

- I give the Oneonta YMCA permission to use, for purposes of promotion of Team Programs, photographs and video footage of my child. I understand that my child will not be identified and may include newspaper, YMCA Lobby Screen, YMCA Social Media Pages, YMCA Website, and YMCA promotional flyers and brochures. _____
- I understand that it is the Oneonta Family YMCA's policy that **children under the age of 11 must be supervised by an adult while in the YMCA building when not participating in program.** _____
- I understand that I must supervise children in my care when they are not enrolled in YMCA programs and that they may not play in an area that is reserved for YMCA programs or events. _____
- I certify that my child is in normal health and is capable of participation in this program and that I assume the risks incidental to the conduct of this program and that YMCA Staff assumes responsibility for my child's well-being during the program hours in which my child attends.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT.

Parent/ Guardian Signature

Parent/ Guardian Name (please Print)

Date

The best contact *during* program hours: _____

*Allows us to contact you should there be a change in practice or game schedules due to inclement weather or other emergency. Thank you.

Oneonta Family YMCA Swim Team Code of Conduct

All participating members of the Oneonta Family YMCA Orcas Swim Team, as well as their parents, *must* abide by the following Code of Conduct. By joining the Y swim team, all parents and swimmers agree to follow this code.

The actions of each swimmer, parent, and coaching staff reflect upon the entire swim team and the Oneonta Family YMCA. All swimmers, parents, and coaching staff are expected to act responsibly and maintain appropriate behavior at all times.

Practice and Swim Meet Behavior:

Be ready to practice on time. Arrive on deck 5 minutes early ready to swim.

Maintain a cooperative and respectful attitude towards coaches and other swimmers.

Observe and comply with the following rules:

- ◆ No running
- ◆ No pushing or shoving, either in or out of the water
- ◆ No chewing gum
- ◆ No spitting
- ◆ No obscene, derogatory or profane behavior or language
- ◆ Do not throw any objects. Items can be dangerous if thrown

Respect the personal property of teammates or restitution for damage will be expected.

Practice proper lane etiquette as instructed by the coach.

For Parents and swimmers:

- *The YMCA has a safety policy that all children **under the age of 11** must be accompanied by a parent/guardian at the beginning and end of their programming. If the parent/guardian is late picking up the child then they will remain in the program area until parents arrive.*
- *If you need to discuss any matter with the coach, please e-mail the coach and schedule a time to meet before or after practice. Parents are not to be on the pool deck during practice times.*
- *Team e-mail is to be used as a forum for administrative information pertaining to practices, swim meets or scheduling. Check e-mail often, as it is the main form of Team communication.*
- *Any questions or concerns arising from decisions made by meet officials during competition should be brought to the attention of the coaching staff only.*
- *Parents and swimmers are expected to demonstrate good sportsmanship, by conducting themselves in a manner that demonstrates the YMCA's core values of Honesty, Respect, Responsibility, and Caring, when interacting with any team member, parent, official, or coach, including those of competing teams.*

Please be aware that if a swimmer's behavior is severe and/or threatens the health or safety of themselves or other swimmers, the coach has the authority to release the swimmer from practice. The swimmer must remain in the pool area until the parent arrives.

I, _____ have received, read and understand the above Code of Conduct pertaining to participation in the Oneonta Family YMCA Swim Team. By signing below, I certify that I agree to abide by the regulations outlined therein.

(Parent Signature)

(Date)

(Swimmer Signature)

(Date)