



**MIDDIES TEAM CONTRACT: 2017 - 2018**

(Please print clearly. One form per child.)

For Office Use Only	
Future	_____
Bronze	_____
Silver	_____
Gold	_____
Junior	_____
Senior	_____

Swimmers First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of birth: \_\_\_/\_\_\_/\_\_\_ Gender : Female Male \_\_\_\_\_

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 # \_\_\_\_\_

- YWCA program membership** is required of all team members along with USA Swimming Fee of \$70. **YWCA membership fees and the USA swimming fee are NON-REFUNDABLE.**
- Middies is a year-round swim team** for the period from September through July (the "Middies Year"). There are no refunds. Parents are responsible for all fees for the Middies Year regardless if a swimmer withdraws for other than an acceptable medical condition.
- Returning swimmers are responsible for the full year fee.**
- Swimmers with **delinquent/unpaid fees will be prohibited from participating in practice and meets** until fees are paid in full.
- Completed registration packet, including signed Athlete and Parent Expectations and Codes of Conduct, is required for all swimmers. This is in the Parents Handbook which accompanies this contract and is also available in the Middies Office. Your signature below indicates that you have received and read the Middies Handbook.
- All parents must either volunteer at USA and WFSL swim meets or pay the required volunteer fees. Volunteer hours may be completed at home or away meets. For parents with multiple children, you are responsible for hours required for swimmer or the higher level. Registration information for volunteer participation will be e-mailed to parents prior to each meet. Parents are responsible for signing up via the Team Unify system and then confirming participation by signing in at swim meets.
- Swimmer and parents/guardians have read and agree to the terms outlined in the Middies Team Handbook

Please sign below indicating your acceptance of the terms of this contract.

Signature-Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Swimmers First Name: \_\_\_\_\_ Last 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 and/or videos 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: \_\_\_\_\_

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**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 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Level: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Payment Options:** The YWCA Middies Swim Team offers two payment options: (1) Pay in Full and (2) a 7- Month Installment Payment Plan for swimmers starting in September. A valid credit card is required in order to be eligible for the 7-month installment payment plan.

YWCA current program membership, the USS Swim fee of \$70 and the \$100 uniform fee must be paid with first monthly installment; full payment plan includes these fees. Payment schedule is as follows:

Level	Option 1	Option 2	
	Payment in Full	7 Monthly Payments	
	<i>(Includes Program Membership &amp; \$70 USS Swim fee, and uniform)</i>	First Payment	Payments 2-7
		<i>(Includes Program Membership, \$70 USS Swim fee, and uniform )</i>	
<b>Future</b>	\$ 2,264.00	\$ 533.00	\$ 288.50
<b>Bronze</b>	\$ 2,432.00	\$ 557.00	\$ 312.50
<b>Silver</b>	\$ 2,565.00	\$ 576.00	\$ 331.50
<b>Gold</b>	\$ 2,698.00	\$ 595.00	\$ 350.50
<b>Junior</b>	\$ 2,831.00	\$ 614.00	\$ 369.50
<b>Senior</b>	\$ 2,915.00	\$ 626.00	\$ 381.50

**PAYMENT AGREEMENT: SWIMMER'S LEVEL** \_\_\_\_\_

Paid-In-Full amount: \$ \_\_\_\_\_  
 Volunteer Opt-Out Fee (must be paid in full): \$ \_\_\_\_\_  
 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 by September 15, 2017.**

2. \_\_\_\_\_ I agree to make the 7 monthly installment payments for the Level above of: \$ \_\_\_\_\_

**First payment is due by Sept 15. Thereafter, payments will be due on Oct 12, Nov 12, Dec 12, 2017; Jan 12, Feb 12, Mar 12, 2018.**

Please charge these payments to the credit card listed below.

**CREDIT CARD INFORMATION**

Cardholder's Name( Please print) \_\_\_\_\_ Signature \_\_\_\_\_  
 MasterCard / VISA / AMEX / Discover # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_/\_\_\_ CSV# \_\_\_\_\_