

WEST SHORE YMCA Competitive Swim Team

2017-2018 PROGRAM FEES

Practice Level	Paid in Full	w/ Sibling Discount	Draft Amount	w/ Sibling Discount
AGA	\$630	\$599	\$116	\$110
AGB	\$1,267	\$1,204	\$174	\$166
AGC	\$1,425	\$1,353	\$196	\$186
Pre-Senior	\$1,670	\$1,586	\$230	\$218
SR/High School*	\$1,531	\$1,455	\$211	\$200
Northern York School District Residents practicing at Northern HS/Messiah College				
AGA	\$493	\$469	\$88	\$84
AGB	\$1,014	\$963	\$139	\$132
AGC	\$1,140	\$1,083	\$157	\$149
Pre-Senior	\$1,336	\$1,269	\$167	\$159
SR/High School*	\$1,225	\$1,164	\$153	\$145

Program fees for **AGA** are for practices beginning Tuesday, September 26 through Thursday, March 9. Program Fees for AGA **do NOT** include Summer League Swimming with the Hampden Ducks. There will be a separate registration and fee (\$125 per swimmer) for those interested.

Program fees for **all practice groups (other than AGA) DO** include practices through July and Summer League Swimming with the Hampden Ducks or Northern York Aquatic Club (NYAC). AGA swimmers will have an opportunity to swim in our WSY Stroke Clinic in April/May. AGA swimmers may also register with our Hampden Ducks Summer League Team in June and July

In the months of June and July, we will offer a High School practice group at Northern High School for those NYCSD high school students

Program fees **do NOT** include Y Membership fee, Family Registration fees (\$200 per family), USA Swimming Membership (\$80 per person), or Swim Meet Fees.

Payment may be paid in full or by monthly credit card draft. The monthly draft is processed on the 15th of each month. AGA is billed for 6 months, starting October 15th and ending with March 15th draft. All other practice groups are billed for 8 months, starting September 15th and ending with April 15th draft.

*The **High School Rate** is for High School swimmers that will practice 90% of the High School Season (November 17-February 2018) with their High School team. There is not a separate practice group for this level. This is for financial purposes. Athletes selecting this payment plan would have an opportunity to attend WSY practices on average of one day per week, plus meets between November 17, 2017-February, 2018)

Families with multiple swimmers will pay the full program cost for the 1st swimmer and receive a 5% **Sibling Discount** on the TOTAL of the monthly training fees of the additional swimmers in their family. The first swimmer is the swimmer paying the highest program cost.



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WEST SHORE YMCA Competitive Swim Team

REGISTRATION FORM (FOR NEW SWIMMERS)

FAMILY NAME: _____

FATHER'S NAME: _____ EMPLOYER: _____

MOTHER'S NAME: _____ EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL DISTRICT OF RESIDENCE: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS #2: _____

EMERGENCY CONTACT: (NAME AND PHONE) _____

SUMMER SWIM TEAM: _____

Swimmer Last Name	First Name	MI	Gender	Birthdate

OUR PRIMARY PRACTICE LOCATION WILL BE AT NORTHERN HIGH SCHOOL YES NO

Emergency Medical Release: Should a medical emergency arise during my child's participation with at West Shore YMCA sponsored activity, I understand that reasonable effort will be made to contact me or the emergency contact I have provided. If I cannot be reached, or if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility chosen by the West Shore YMCA and I consent to the immediate administration of life sustaining measures deemed necessary under the circumstances.

I have read and understand the above Medical Release section and agree to the terms and conditions therein

Signature _____ Date _____



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West Shore YMCA Swim Team 2017-2018 Fees Worksheet

Swimmer's Name (A separate form MUST be filled out for each swimmer participating)

Swimmer's Name (Last, First, MI) _____ Birthdate _____

Gender _____ Grade in Fall 2017 _____ Practice Group: A B C PRE-SR SR

Parent's Email Address _____

All members of the WSY Competitive Swimming Programs must be full facility members of the YMCA, unless you are practicing at Northern High School, and then you must be a Program Member (\$10/year).

Are you currently a Y Member?

I am currently a Full Facility Member. Membership Type _____ Renew my membership

I am a Program Member I need a Program Membership (\$10) (For NYCSD swimmers only)

Registration cannot be completed without an active membership.

Registration, Escrow and USA Swimming

Registration Fee for the 2017/2018 season is **\$200 per family**. Registration fee includes 2 team t-shirts and swim caps. (NOTE: The registration fee is NON-REFUNDABLE and NON-TRANSFERABLE.)

\$50 Escrow Account. All families must start their swim meet (escrow) account at registration.

\$80 USA Swimming Membership Fee. NEW or RENEW
All AGC, Pre-SR and SR level swimmers are required to have this.
This is optional for swimmers in AG-A, and AGB practice groups.

Team Fees

There are two methods of payment (1) in full or (2) monthly credit card draft. If paying monthly, your first payment will be deducted September 15th for Sr, Pre-Sr, AGB and AGC; last payment is April 15th. Swimmers registering for AGA will have their first payment deducted October 15th; last payment is March 15th.

I am a resident of Northern York School District. Please use NYCSD Fees.

I am using the High School Rate I have more than 1 swimmer

I am paying in FULL \$ _____ (This is due at time of registration)

I am paying \$ _____ by credit card draft starting September/October 15th

Payment Information

Total amount I am paying today: \$ _____

VISA Discover Master Card American Express Check # _____

Complete Credit Card Authorization form for credit card payment.



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CHARGE CARD AUTHORIZATION

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Draft Agreement (if drafting):

I understand that should any Program Fee draft be declined for any reason, I realize that I am still responsible for that payment plus a \$30 service charge applied by the YMCA. This is in addition to any service fee my bank may make.

I understand that if I wish to withdraw from the swim team I must give at least 2 weeks notice and provide it no later than the 1st of the month to stop payment on the 15th.

Signature _____ Date _____

I authorize the YMCA to charge this credit card for the following:

- Initial and/or Payment in Full for \$ _____
- Drafting monthly Program Fee of \$ _____
- Family Escrow Account Charges
- Giant Foods Fundraising

Name Shown on Charge Card: _____

Card Type: Visa _____ MasterCard _____ American Express _____ Discover _____

Credit Card Number: _____ Exp. Date: _____

Authorized Signature: _____