

YPAC SWIM TEAM 2011-12 SEASON FAMILY REGISTRATION FORM

Please print

Family Name _____

Parents' First Names _____

Address _____ City _____ Zip _____

Mother's E-Mail (no wideopenwest.com or wowway.com emails) _____

Father's E-Mail (no wideopenwest.com or wowway.com emails) _____

Home Phone _____

Mother's cell phone _____

Father's cell phone _____

OCN Phone System for Messages – 1 or 2 numbers designated per family. No swimmer's phones, please.

1st number _____ home/cell _____ Verizon? _____

2nd number _____ home/cell _____ Verizon? _____

Swimmer _____ Birthdate _____ T Shirt Size: YM YL AS AM AL AXL

Swimmer _____ Birthdate _____ T Shirt Size: YM YL AS AM AL AXL

Swimmer _____ Birthdate _____ T Shirt Size: YM YL AS AM AL AXL

Swimmer _____ Birthdate _____ T Shirt Size: YM YL AS AM AL AXL

____ I (we) authorize YPAC to publish and /or release photos that include my swimmer (s).

____ I (we) authorize YPAC to publish and/or release email addresses/phone numbers and addresses for the purpose of a team directory.

Parent or Guardian Name (Print)

Parent or Guardian Signature

Date

YPAC SWIM TEAM 2011-12 SEASON SWIMMER REGISTRATION FORM

Please print

Swimmer _____ Sex _____ Age _____ Date of Birth ____/____/____
Last First Middle

School Attending _____ Grade _____ Competing for High School? YES NO

YMCA Membership Payment Information

Swimmers must be YMCA members in good standing. If they are not currently a member, a YMCA membership application must accompany this YPAC Swim Team Registration. This may be an Individual or Family membership. Financial Assistance is available for all participants through our YMCA Strong Kids Program. This applies to membership fees and swim team fees. Applications are available at the Front Desk.

YPAC Swim Team Payment Information/Swim Team Fees:

_____ Regular Season 10 and under swimmers \$600.00 or 5 months of EFT payments of \$120.00 initiating October 10, 2011

_____ Regular Season 11 and up swimmers \$675.00 or 5 months of EFT payments of \$135.00 initiating October 10, 2011

_____ Middle School Swimmers \$525.00 or 5 months of EFT payments of \$105.00 initiating October 10, 2011

_____ High School Girl \$475.00 or 3 months of EFT payments of \$158.33 initiating December 12, 2011

_____ High School Boy \$300.00 or 3 months of EFT payments of \$100.00 initiating October 11, 2011

Multiple Swimmers: ___ Full fee for oldest swimmer ___ \$50 discount for 2nd swimmer ___ \$25 discount for 3rd swimmer

\$80.00 Activity Fee due at registration covers USA Swim Fee and the Team Concessions Fee

Authority for Pre-Authorized Monthly Fees Payment Plan

I (we) authorize and request the YMCA of Metropolitan Detroit to charge my (our) checking/savings account for YPAC fees. I (we) further authorize the financial institution to debit these fees.

Please withdraw monthly fees from my: ___ Checking Account ___ Savings Account ___ Credit Card

Checking/Savings Draft

Bank Name _____

Routing Number _____

Account Number _____

Credit Card Draft (Visa, MasterCard, Discover)

Credit Card Type _____

Credit Card Number _____

Expiration Date _____

Printed Name of Account Holder _____

Signature of Account Holder _____

Date _____

YPAC SWIM TEAM 2011-12 SEASON MEDICAL RELEASE FORM

Please print

Swimmer _____ Phone _____
Last First Middle

Sex _____ Age _____ Date of Birth ___/___/___

Father's Name _____ Home Phone _____

Work/Cell Phone _____

Mother's Name _____ Home Phone _____

Work/Cell Phone _____

Swimmer's Physician or Health Clinic _____

Address _____ Phone _____

Preferred Hospital for Emergency Treatment _____

Health Insurance Policy Name _____ Number _____

Allergies _____ Prescribed medication, if any _____

Is swimmer under any specific medical or dietary care? YES NO If Yes, please describe on back.

Is there any special health information that the YPAC coaches should know in order to ensure a safe experience for your swimmer? YES NO If Yes, please describe on back.

Date of last tetanus booster _____ Date of last TB Test _____

Name of person (s) to whom child may be released: _____

EMERGENCY CONTACTS:

Name _____ Phone _____

Name _____ Phone _____

____ I **hearby** give permission to the South Oakland Family YMCA to secure emergency medical and /or emergency surgical treatment for the above named minor child while in the care of the South Oakland YMCA.

____ I **do not** give permission to the South Oakland Family YMCA to secure emergency medical and /or emergency surgical treatment for the above named minor child while in the care of the South Oakland YMCA.

Parent or Guardian Name (Print)

Parent or Guardian Signature

Date

YPAC SWIM TEAM 2011-12 SEASON INVITATIONAL VOLUNTEER FORM

On November 5-6, YPAC will host their annual Invitational at Royal Oak Middle School. In order to make this meet a success, each family is required to volunteer. Not only does volunteering during this event support our team, it's a great way to meet other YPAC swimmers and families.

Below is a list of areas in which we need volunteers, along with a very brief description. There are 2 sessions each day (AM & PM). You will be contacted shortly for the days and times you would prefer.

Questions? Contact Terri Kuznia, Internal Affairs/Volunteer Chair.
elphen@aol.com (248) 764-0406

Please turn this form in with your registration

Family Name: _____

Phone # _____ Email _____

Please mark your top three preferences with a 1, 2, or 3:

- ___ Admissions/Volunteer Check-In/Lost & Found: *taking money at the door, directing meet attendees and swimmers; checking in volunteers*
- ___ Awards: *labeling awards, distribution*
- ___ Security: *keeping the deck clear of unofficial people*
- ___ Concession: *food sales*
- ___ Marshalling: *on deck area where swimmers pick up their heat/lane assignments, 10 & unders are lined up and supervised for events*
- ___ Announcer: *announcing during the meet (from a written script)*
- ___ Computer Scoring: *Recording times and finish places electronically*
- ___ Hospitality: *setting up food/drinks for officials/coaches; keeping it stocked; distributing water to volunteers*
- ___ Runners: *taking cards from timers to computer scoring*
- ___ Food Pick-Up: *(breakfast and lunch) picking up food for the officials/coaches*
- ___ Clerk of Course: *help officials write down placement of finishes*
- ___ Photographer: *taking photos of swimmers during the meet*
- ___ Timers: *time the swimmers*

Thank you for all your support!



USA SWIMMING

**2012 ATHLETE REGISTRATION APPLICATION
LSC: MICHIGAN SWIMMING, INC.**

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

PREFERRED NAME	DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
					South Oakland Y Piranha Aquatic Club

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	IF UNATTACHED ENTER UN MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

DISABILITY:

- A. Legally Blind or Visually Impaired
- B. Deaf or Hard of Hearing
- C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
- D. Cognitive Disability such as severe learning disorder, autism

RACE AND ETHNICITY (You may make up to two choices if appropriate):

- Q. Black or African American
- R. Asian
- S. White
- T. Hispanic or Latino
- U. American Indian & Alaska Native
- V. Some Other Race
- W. Native Hawaiian & Other Pacific Islander

REGISTRATION FEE	
USA Swimming Fee	\$48.00
LSC Fee	\$8.00
TOTAL DUE	\$56.00

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2011, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____.

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

SIGN

HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)