

Saratoga Regional YMCA
Stingrays Registration Form

Participant(s) Information:

Swimmer 1 Name (Please include middle initial)		Date of Birth		Nickname (if any)	
Grade Entering	Age	Gender	School Attending		

Swimmer 2 Name (Please include middle initial)		Date of Birth		Nickname (if any)	
Grade Entering	Age	Gender	School Attending		

Swimmer 3 Name (Please include middle initial)		Date of Birth		Nickname (if any)	
Grade Entering	Age	Gender	School Attending		

Swimmer 4 Name (Please include middle initial)		Date of Birth		Nickname (if any)	
Grade Entering	Age	Gender	School Attending		

Parent/Guardian(s) Information:

Parent Names					
Address					
Parent's Email			Home Phone		
Mother's Occupation		Work Phone		Cell Phone	
Father's Occupation		Work Phone		Cell Phone	

Additional Information:

Do you participate in other activities? Yes No If so, what are they and what conflicts do you anticipate?	
I acknowledge that I have read and understand the contents of the Stingray Swim Team Handbook. I understand the team rules and policies as outlined in the handbook and will adhere to them at all times.	
Swimmers Signature	Date
Parent/Guardian Signature	Date

Stingray Swim Team – Swimmer Medical Information

I hereby give permission for any and all medical attention necessary to be administered to my child(ren). In the event of an accident, injury or sickness where I cannot be reached, I designate the emergency contacts below to act on my behalf. If any of the information listed below changes during the season, I understand that it is my responsibility to notify the head coach. By signing this release, I hereby assume responsibility for payment of any such medical treatment.

Emergency Contacts:

In case I cannot be reached, any of the following contacts are designated to act on my behalf.

Contact Name	Relationship to swimmer
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Home Phone	Cell phone
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Contact Name	Relationship to swimmer
Home Phone	Cell phone

Medical Information:

Known Allergies
Food Allergies
Medications taken regularly

Additional Information:

Please list any additional issues or factors that the coaching staff should be made aware of ie. physical limitations, previous/recurring injuries:

By my signature, I hereby give permission for any and all medical attention necessary to be administered to my child(ren).

Parent/Guardian Signature Date

Stingray Swim Team – Individual Goals

I would like each of you to take the time to really think about and identify your goals for this season. I would like to have these forms turned in as soon as possible. If you have any questions or if you need help with goal-setting, please contact Coach Julie.

Participant(s) Information:

Swimmer's Name

Personal Goals:

Favorite Stroke

Favorite Race

Least Favorite Stroke

Least Favorite Race

Note: Listing your least favorite does not mean you won't swim this stroke/race, but we would like to know where you feel your strong and weak points are.

My Greatest accomplishment last season was:	
Something I would have liked to accomplish last season was:	
This season I'd like to:	
In the next 3 years, my goals are (ex. Learn better technique, perfect starts, make nationals, etc.)	
High School Swimmer (Yes or No)	What High School do you swim for?

Time Goals:

Event/Race	Time
Event/Race	Time
Event/Race	Time

Thanks for taking the time to fill this out. I am looking forward to helping everyone reach their goals and have fun doing it.

**Saratoga Regional YMCA
Stingray Swim Team**

Registration fees for swim team season September 2019 – February 2020

Swimmer's Last Name: _____ First Name _____

Each swimmer must be a member of the Saratoga Regional YMCA. The membership must remain active throughout the whole season. ALL SWIMMERS WILL BE REQUIRED TO SHOW THEIR MEMBERSHIP CARD EACH TIME UPON ENTERING THE YMCA.

- Full year or Modified Sport participant (Middle School Sports) \$609.00
- Girls Varsity (Fall High School Sports Season) \$516.00
- Boys Varsity (Winter High School Sports Season) \$462.00
- USA registration fee is included

2019-2020 Payment Options

- Pay in full
- Pay 3 monthly payments: first payment paid at time of registration; second payment due Nov. 1; third

payment due Dec. 1. Payments MUST be set up as an automatic withdrawal.

- Past due payments are subject to a \$15 late fee.
- If payment is 15 days past due, your child will not be allowed to remain on the team.
- Return check charge is \$25.
- It is the policy of the Saratoga Regional YMCA to offer financial assistance. If you are interested in our scholarship program please contact Ilene Leverence, Aquatics Director.

Signature of parent/guardian

Date