



PEOY Age Group Swim Team/DOCS

Season: September 2010- March 2011

Five Points Washington

2 Days per week
3 Days per week
Practice times: Monday 5:30-7 pm, Tuesday 5:30-6:30 pm,
Wednesday 5:30-7 pm, Thursday 5:30-6:30 pm

Name of parent/guardian: _____

Address: _____

City: _____ Zip: _____

Home phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Emergency Contact person: _____ Emergency Phone: _____

<u>Swimmer Name (F, MI, L)</u>	<u>Birth date</u>	<u>Gender</u>	<u>Washington</u>
1. _____	__/__/__	M F	\$265 or 300
2. _____	__/__/__	M F	\$265 or 300
3. _____	__/__/__	M F	\$265 or 300
4. _____	__/__/__	M F	\$265 or 300
5. _____	__/__/__	M F	\$265 or 300
6. _____	__/__/__	M F	\$280 *High School Swimmer

Total due to PEOY \$ _____

Installment # 1 \$175 x ____ = \$ _____

* Balance due 12/01/10= \$ _____

We approve registration and certify that our child is in good health. I authorize the Greater Peoria Family YMCA staff or volunteers to render First Aid. I shall not hold the Great Peoria Family YMCA responsible for any and all accidents, personal injuries, or loss of property resulting from connection with the YMCA DOCS Swim Team. Furthermore, I give my permission for the Greater Peoria Family YCMA to take and publish photographs of my child for the purposes of the YMCA art, advertising, education, and or promotions.

Date: _____ Parent/ Guardian Signature: _____

Program Code: 10AQU Description: Five Points (enter MO WE for 2 days, leave blank for three days.)