



PEOY Age Group Swim Team/DOCS
 Season: September 7, 2010- Y Qualifying Meets 2011
Manual High School

Practice times:	
Monday, Tuesday, Thursday 10 & under- 5:30-6:30 pm 11 & ups- 6 pm- 7:45 pm	Wednesday & Friday All team stroke clinic 5:30-6:45 pm

Name of parent / guardian: _____
 Address: _____
 City: _____ Zip: _____
 Home phone: _____ Cell Phone: _____ Mobile Phone: _____
 Email Address: _____
 Emergency Contact person: _____ Emergency Phone: _____

<u>Swimmer Name (F, MI, L)</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Manual</u>
1. _____	__/__/__	M F	\$315
2. _____	__/__/__	M F	\$300 \$615
3. _____	__/__/__	M F	\$285 \$900
4. _____	__/__/__	M F	\$285 \$1185
5. _____	__/__/__	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: Manual (enter the number of registrants in pop up box)