



## PEOY Age Group Swim Team/DOCS

Season: September 8, 2009- March 2010

Location: 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 of 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	\$295
2. _____	__/__/__	M F	\$280 \$575
3. _____	__/__/__	M F	\$265 \$840
4. _____	__/__/__	M F	\$265 \$1105
5. _____	__/__/__	M F	\$265 \$1370
6. _____	__/__/__	M F	\$252 * High School Swimmer

Installment # 1 \$150 x \_\_\_\_ = \$ \_\_\_\_\_

\* Balance due 12/01/09

Total due to PEOY \$ \_\_\_\_\_

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: \_\_\_\_\_