



Duluth Y Northerns Registration Form

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

	Entire Season	Additional Swimmer (same family)	High School Swimmer
Male	\$228	\$195	\$128
Female	\$245	\$212	\$180

	Swimmer Name	Gender	Age Child Will Be On 12/1	School	Cost
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Payment Options (select one)

_____ Payment in full (credit, cash, check, or Y account) _____ 4 Equal Installments (10/7, 10/28, 11/18, 12/16)

If paying in full, you may pay with credit, cash, check, or by charging your account on file at the front desk. You may also call and register over the phone with credit card or your Y account. Registration is open to Y members only.

Card Type: _____ Y Account (Circle Y Account if you'd like us to charge the same account as your membership)

Name as it appears on card: _____ Credit Card #: _____ exp: _____ Security Code: _____

I, _____, authorize the Duluth Area Family YMCA to take swim team payment(s) from the account or credit card designated on this form. If I selected payment in full above, the entire fee will be charged upon registration. If I selected equal installments above, approximately 25% of the total amount due will be charged on the above dates.

Signature _____ Date: _____

Swimmer/Parent Contact Information

A swim team family directory will be distributed to swimmers. Swimmers' names, parent(s) names, and contact information will be listed in the directory. You have the option to exclude your information from the directory by marking the "exclude" box next to the information line. The Y will use this information to contact you with updates and important information so PLEASE WRITE LEGIBLY!

Parent(s) name(s): _____

Email _____ Exclude

Home/Cell Phone Number: _____ Exclude

Second Cell Phone Number: _____ Exclude

Volunteer Fee Check or Authorization

The swim team would not function without the continued dedication and support of the parents. To ensure everyone does their share, we collect a \$75 volunteer fee from those that do not fulfill their requirements. If you are not authorizing an automatic withdrawal, a \$75 check written out to the YMCA needs to accompany this form. It will be destroyed or cashed on April 15th based on the hours that your family has logged throughout the season. If authorizing the fee to be taken from your Y account that we have on file please specify and sign below:

I, _____, authorize the Duluth Area Family YMCA to automatically deduct \$75 from my Y account on April 15th if our family does not fulfill the 12 hour/season volunteer requirement by that time.

Signature _____ Date: _____