



Wave Swim Team 2017-2018

Registration Check List

All of these documents are available on our website at www.westfieldymcawave.org.

- Registration Form – Signed By Coach Kyle
- Payment Form for ALL swimmers in the family (available after the signed registration form is received)
- Medical Form for EACH swimmer
- Read & Sign Parents' Code of Ethics
- Read and Sign Swimmers Code of Ethics
- Permission for Photos
- IF signing up for USA/NE Swimming: USA Swimming Form * Birth Certificate (if registering for USA Swimming for the first time)/ Check for \$76.00 made out to WYST (* only applicable if signing up for USA Swimming)
- Take all of the above forms to Coach Kyle for signature & receipt of monthly payment schedule –
- Make payment at the Front Desk (by Sept. 22). Leave completed forms at front desk.
- Activate (or re-activate) your Y membership. (Youth: 12 & under, Teen: 13-18, or Family)
- If paying by Bank Draft turn in E-Pay form AND first payment to the front desk by Sept. 22. Draft will begin in October

Parent Name: _____

Name(s) of Swimmer(s): _____



**WESTFIELD YMCA WAVE SWIM TEAM
REGISTRATION FORM
Fall-Winter/Summer 2017/18**

Please complete one form for each swimmer and turn in at the desk upon registering.

First Name: _____ MI _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) ____ - _____ Swimmer's e-mail: _____

Date of Birth: __/__/__ YMCA Membership _____ Expiration Date __/__/__

Parent Name: _____ Day Phone: (____) ____ - _____

Address: _____ City: _____ Zip: _____

E-Mail: _____ Cell: _____

Parent Name: _____ Day Phone: (____) ____ - _____

E-Mail: _____ Cell: _____

Please check if you are a new swimmer to the team

REGISTRATION GROUP

Circle one group

Coach Signature	Category	Weekly Practice Time	Annual	Winter	Summer
	02-Red (8 & Under)	3x/wk x 1hr	\$725	\$580	\$400
	03-White	3-5x/wk x 1.5 hrs	\$885	\$735	\$475
	04-Black	4-6x/wk x 1.5 hrs	\$915	\$755	\$500
	05-Pre-National Team	6-8x/wk x 2hrs	\$950	N/A	\$540
	06-High School Swims for HS in Winter	6x/wk x 2hrs	\$770	\$635	\$510
	07-High School Full Season at Y	6x/wk x 2hrs	\$925	\$765	\$510
	07-USA/NE Swimming		\$120		

**WESTFIELD YMCA WAVE SWIM TEAM
MEDICAL FORM
2017/2018
(One Form for Each Swimmer)**

EMERGENCY INFORMATION:

Child's Name: _____ MI _____ Last Name: _____

Parent/Guardian Name: _____ Home Phone: _____

Mother Work Phone: _____ Cell Phone: _____

Father Work Phone: _____ Cell Phone: _____

Emergency Contact (in case parent is un-reachable):

Name: _____ Relation To Child _____ Phone _____

Name: _____ Relation To Child _____ Phone _____

HEALTH RESTRICTIONS:

Are there any health problems or restrictions affecting your child? _____

Are there any special dietary or medical needs that your child may have? _____

Will your child be bringing any medication with them to practice or competition? _____

Allergies: _____

Serious Injuries/Surgery: _____

Behavioral Issues: _____

Is there anything else you would like the coaches to know that would enable them to better coach your child? _____

PARENT AUTHORIZATION:

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Westfield YMCA staff in charge to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child as named on this document.

Signature Parent/Guardian _____

Date _____

**YMCA of Greater Westfield
WAVE Swim Team Parents' Code of Ethics**

I hereby pledge to provide positive support, care, and encouragement for my child participating in the YMCA of Greater Westfield WAVE Swim Team by following this Parents' Code of Ethics:

1. I will encourage good sportsmanship by demonstrating positive support for all swimmers, coaches, and officials at every meet, practice or other team event.
2. I will place the emotional and physical well being of my child ahead of my personal desire to win. I will remember that the meet is for the swimmer, not for the adult.
3. I will insist that my child participate in a safe and healthy environment.
4. I will require that my child's coach be trained in the responsibilities of being a YMCA Swim Coach and that the coach upholds the Coaches' Code of Ethics.
5. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all. I understand that criticizing, name-calling, use of abusive language or gestures directed toward the coaches, officials, other parents and/or any participating swimmer will not be permitted or tolerated.
6. I will demand a swimming environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all YMCA Swimming Events.
7. I will do my very best to make participation in competitive swimming fun for my child. I will ask my child to treat other swimmers, coaches, fans and officials with respect regardless of race, sex, creed or ability.
8. I will help my child enjoy the WAVE Swimming experience by doing whatever I can, such as being a respectful fan, assisting at meets, providing transportation or fund raising for the program.
9. I understand that in order for the team to run a successful meet, it is imperative that a member of each participating family assist with the meet or be assessed a fine for non-participation (1st offense \$20, 2nd offense \$50, 3rd offense \$100).
10. I understand that in order for the team to run a successful HOME meet, each family of a participating swimmer must donate a food table item with a value of \$10 or be assessed a fine for non-participation (1st offense \$20, 2nd offense \$50, 3rd offense \$100).
11. I will practice teamwork with all the parents, swimmers, and coaches by supporting the YMCA Core Values of Respect, Responsibility, Caring and Honesty.
12. I will keep my team & club accounts up to date and will make all of my payments on time.

Please sign and return with registration materials

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

YMCA of Greater Westfield Wave Swim Team Code of Conduct

I recognize that as a member of the YMCA of Greater Westfield Wave Swim Team, that I am expected to conduct myself in a manner that is representative of the standards and values for which the YMCA stands. The YMCA four core character values; honesty, caring, respect and responsibility are foundational values upon which all our programs operate.

- **Caring:** To love others and be sensitive to the well-being of others involved in the sports program.
- **Honesty:** To have integrity, making sure that one's actions match one's values through participation in sports.
- **Respect:** To value the worth of every person, including oneself, one's teammates, opponents and officials.
- **Responsibility:** To be accountable for one's behavior and obligations.

As a YMCA WAVE swim team member, I pledge to uphold these values in my daily conduct and actions towards my teammates, my coaches, officials, my parents, other team swimmers, and YMCA staff

I pledge to exhibit good sportsmanship through fair play and supporting my teammates through encouragement and kindness both in practice and competition.

As a YMCA Swim Team athlete, all swimmers must recognize and agree to conform to the following Code of Conduct at all times while representing the Westfield YMCA Wave Swim Team is:

- Display the four core values of YMCA Character Development at all times: Caring, Honesty, Respect and Responsibility.
- Offer congratulations to my opponents, win or lose, and cheer on my teammates.
- Act and conduct myself with dignity and with respect for others and the property of others.
- Dress in a manner suitable to my position as a representative of the Westfield YMCA.
- Be humble in victory and courageous in defeat.
- Always teach and practice good sportsmanship.
- Be a responsible goodwill ambassador between the sport of swimming, the YMCA and the public.
- Promote positive high team spirit and morale.
- Cultivate in myself and encourage in all team members the virtues of patience, courage, justice, and sincerity.
- Strive to do my best, and encourage all team members to do the same.
- Deal justly, kindly, impartially, and intelligently with all of my fellow team members.

I have read and understand my responsibilities. I understand that I will be held accountable to the behaviors and code of conduct outline above. I acknowledge that should I not follow these, there will be ensuing consequences.

Swimmer's Name (printed) _____

Swimmer's Name (signed) _____ Date: _____

Mother/Parent/Guardian('s) Signature: _____ Date: _____

Father/Parent/Guardian('s) Signature: _____ Date: _____



I _____ give the YMCA of Greater Westfield permission to use my son/daughter's photo/image for marketing and promotion purposes. (this includes on a YMCA Facebook page, twitter account, or instagram).

Name Printed _____

Name Signed _____

Date _____

Name of Son/Daughter _____



All NEW swimmers under the age of 19 must provide a proof of age with registration.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Registration form fields including: LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT, GUARDIAN #1 LAST NAME, GUARDIAN #1 FIRST NAME, GUARDIAN #2 LAST NAME, GUARDIAN #2 FIRST NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD E-MAIL ADDRESS.

U.S. CITIZEN: [] YES [] NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? [] YES [] NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? [] YES [] NO

OPTIONAL DISABILITY and RACE AND ETHNICITY sections with checkboxes for various conditions.

MAKE CHECK PAYABLE TO:

Westfield YMCA Wave Swim Team

MAIL APPLICATION & PAYMENT TO:

Please submit with team registration forms

Table with 2 columns: Fee Name and Amount. Includes 2018 REGISTRATION FEE, USA Swimming Fee (\$58.00), LSC Fee (18.00), and TOTAL DUE (76.00).

HIGH SCHOOL STUDENTS - Year of high school graduation:

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, ENTER THAT

CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY



Automatic E-Pay Form Swim Team

Child's Name(s) _____ Parent/Guardian's Name _____

Address: _____ Email: _____

E-pay Authorization Agreement

I (we) hereby authorize the YMCA of greater Westfield to debit my (our) bank/credit card account for the amount owed by me, by initiating debt entries to my (our) account indicated below, and I (we) authorize and request my (our) bank or credit card company to accept any debit entries initiated by the YMCA of Greater Westfield to my (our) account and to charge the same to such account, without responsibility for the correctness thereof:

I have given authority to _____ at _____ to honor
Bank/Credit Card Name Address if known

preauthorized withdrawal by you on my account for gymnastics payments as indicated below.

It is understood that your sending of this preauthorized withdrawal to the bank/credit card company as a payment becomes due shall constitute valid notice of such payment due on this swim team account.

When the bank/credit card company honors the preauthorized withdrawal by charging my (our) account, such Withdrawal shall constitute my (our) receipt of payment. Should any preauthorized withdrawal not be honored by my (our) bank/credit card company when received by them, then it is understood that the payment is to be made by me (us) in the amount of said payment.

Checking Account Savings Account
Bank Name: _____
Bank Holder's Name: _____
Account Number: _____
Bank Transit Number _____
(nine digits)

Credit/Debit Card Account
Card Holder Name: _____
Card Number: _____
Card Type: MasterCard Visa AmEx Discover
Expiration Date ____/____

Signature of Cardholder

Monthly Swim Team E-Pay Amount \$ _____

Monthly Swim Team E-Pay Amount \$ _____

Payment will be withdrawn on the 10th of each month, beginning on Oct. 10th and running through June 10th (or March 10th for winter season). **First payment is due in person at the YMCA Welcome Desk by Sept. 22, 2017**

- I understand that if I (we) wish to terminate my (our) swim team arrangement in any way, I (we) must give the YMCA a **30 day written notice** in order to **stop or change the draft in any way.**
- Should a draft not be honored by my (our) credit card for any reason, I understand that the YMCA will automatically resubmit the draft for payment. If the draft is not honored on the resubmission, the amount of the draft will be immediately due and payable to the YMCA. If my (our) bank draft is denied, the full amount will be due along with a \$25.00 return check fee made payable at the YMCA reception desk.
- I understand that after two unpaid drafts, the YMCA will immediately remove me (us) from the E-Pay program until I(we) have brought all payments up to date and have provided valid account information.

Parent/Guardian Signature

____/____/____
Today's Date

Staff Initials