



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Berkshire Family YMCA- Pittsfield Branch: POLAR BEARS SWIM TEAM 2019-2020 Registration Form (Beginning Sept. 9th)

Child's Name: _____ Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: _____ Circle: Male Female

Existing Polar Bears swimmers do not need to try out. However, swimmers who have not swum for the Polar Bears previously must do a tryout - **scheduled with Coach Cathy Cybulski at 413-329-0309.**

I am a (check one): Returning Polar Bears Swimmer New Polar Bears Swimmer

*****If NEW Polar Bears swimmer, Coach's signature:** _____

***SWIM TEAM CATEGORIES (Check one):**

I agree to pay (check 1) Swim Team fee in full at sign-up OR 50% of fee now & 50% automatically Dec. 9th.

Cubs: Mondays, Wednesdays, Friday, 5-6p, \$250

High School Athlete: (Planning to swim on HS team in Dec.) \$250

Juniors: Mondays, Wednesdays, Fridays, 6-7:30p; Thursday 4p-6p \$375

Seniors: Mondays, Wednesdays, Fridays, 5:30-7:30p; Tuesday & Thursday 4p-6p \$400

SIBLING DISCOUNT: Please apply a one-time 10% off on youngest sibling discount.

FAMILY DISCOUNT: Please apply a one-time 25% off per swimmer included on a family membership.

MEMBERSHIP: (REQUIRED AT REGISTRATION)*

Youth (Ages 12 and younger): \$42/year paid in full at signup

Teen (Ages 13-19): \$100/year paid in full at signup or \$10/month by automatic payments*

***Please fill out membership form, found at Welcome Center, including account information for automatic payments.**

****Swim Team fees due in full at registration or 50% initial deposit at registration and completed EFT form reverse side for scheduled payments.**

Full payment by EFT must be completed by December 12th, 2019.

AGREEMENT

1. I agree to assume all risks and hazards incidental to the conduct of this program and for all transportation to and from, if necessary. I hereby release The Berkshire Family YMCA, its officials, employees and volunteers, from any and all claims, demands, and liabilities to myself or my child resulting or arising from my/our participation in any program offered by the Berkshire Family YMCA.

2. I also give permission for The Berkshire Family YMCA to release my child's photos.

3. I support the Y program philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

*****Parent/Guardian's signature:** _____

Printed name: _____ **Date:** _____

DECEMBER 9: SWIM TEAM AUTOMATIC PAYMENT AUTHORIZATION

I, _____ at the above address, authorize my bank or credit card institution to honor Electronic Funds Transfers or credit card charges against my account for **one-time Polar Bears Swim Team program payment on December 10.** When the bank or credit card institution honors the EFT transfer or credit card charge by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT transfer or credit card charge not be honored by said bank or credit card institution when received by the Y, then it is understood that the payment is to be made by me in the amount of said payment plus applicable service charges. It is further understood that if such payment is not honored by the bank or credit card institution, then the Y, at its discretion, may resubmit the amount due for payment on a future date.

SEE REVERSE SIDE OF PAPER FOR EFT OPTIONS

BERKSHIRE FAMILY YMCA: www.bfymca.org

Pittsfield (Corporate Office): 292 North Street, Pittsfield, MA 01201 **P:** 413-499-7650 **F:** 413-443-6791

Northern Berkshire: 22 Brickyard Court, North Adams, MA 01247 **P:** 413-663-6529 **F:** 413-663-5700

I will utilize the EFT option from my: Checking account. **If checking account, attach voided check**

I will utilize the EFT option from my Savings account.

Bank Name: _____ Name on Account: _____
Routing/Transit Number: _____ Account Number: _____
Authorized Signature: _____ Date: _____

I will utilize the credit card payment option from my: Visa MasterCard AMEX Discover

Cardholder's Name: _____ Card Number: _____
Expiration Date: _____ Authorized Signature: _____ Date: _____

***Non-Sufficient Funds Procedure:** If your check/ACH draft is returned unpaid, it will be collected electronically and you will be assessed a minimum fee of \$25 (or the maximum amount allowed by law). Check writer is also responsible for all other collection costs. (E-CashFlow Systems, Inc.)

I, _____, agree to be charged a one-time fee of \$ _____ for Swim Team program fees.

Signature: _____ **Date:** _____

DISCOUNT OPTIONS:

- **SIBLING DISCOUNT:** 10% off of youngest sibling wishing to sign up
- **GREYLOCK COUPON:** 25% off for a child who is a Kid's Club member and can present a coupon obtained from a Greylock bank. Only one coupon valid per year.
- **FAMILY MEMBER DISCOUNT:** 25% off for any swimmer who is included in a family membership unit (Adult + child, Adult + 2 children, etc. – everyone on the unit must be active including the adult).
- **HIGH SCHOOL ATHLETE:** \$250 for teens who are planning to swim on a high school team starting in December. Athletes will be permitted to practice 3 days per week 5:45-7:45 pm.

****Only one discount per swimmer.**

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