

FOR YOUTH DEVELOPMENT

FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## ACHIEVE SOMETHING TOGETHER

## **QUICKSILVER SWIM TEAM - FALL/WINTER SEASON**

Our youth swim team is designed for kids ages 5 through 18 who are advanced swimmers and wish to pursue competitive swimming in a fun and positive environment.

TEAMS	MONTHLY TEAM FEE	TEAM	PRACTICE TIMES		PRACTICE TIMES	
Senior/Black	\$70	\$430	Sep 9-Nov 1	Mon thru Fri	4:00-5:30 pm	
			Nov 13-Mar 7	Mon/Tues/Thurs/Fri	5:30-6:45 pm	
Silver	\$60	\$370	Sep 23-Mar 7	Mon thru Fri	5:30-6:45 pm	
QS1	\$47.50	\$295	Oct 1-Mar 7	Tues/Wed/Thurs/Fri	5:30-6:30 pm	
GISH	3 months	\$220				
Practices on Wednesdays for all groups is 5:30-6:30 pm.						

Quicksilver Swim Team Level:	□ QS1 □ GISH	
Child's Name:		□Boy □Girl
Address:		Birthdate: Age
City:	State:	Zip:
Dad or Mom (Guardian) Email:		
Phone / Cell:	YMCA Member Yes / No	
Emergency Contact :		
Emergency Phone / Cell:		
PAYMENT: Full Pay Bank Draft (complete bank information on	opposite side)	
I, the undersigned, as parent or guardian in the above Gran responsibility for certain risks associated with this program participant. My signature on this waiver verifies that I will my legal dependents while participating in this YMCA Program publicity or brochures related to the Grand Island YMCA.	n which may cause damage to property or personot hold the Grand Island YMCA liable or accour	nal bodily injury or death to the stable for any injury to my self or
Signature	 Date	<u> </u>

## **GRAND ISLAND YMCA**

221 E South Front Street - 2300 N Webb Road, Grand Island, Nebraska 68801 P 308 395 9622 P 308 384 1299 www.giymca.org

## GRAND ISLAND YMCA DRAFT AUTHORIZATION

In connection with my membership in the Grand Island YMCA, I/We hereby authorize you to draw drafts on my account on the 1st of each month with

☐ BANK DRAFT (o	pton one)	
(Bank)	(City)	(State)
Routing		
Name as listed on	the account	
	(Name)	
Checking	Savings	_
☐ CREDIT CARD D	RAFT (option two)	
Name on Account		
Circle One: VISA	MasterCard American Express	Discover
Card Number		
	(Name)	
A 3% processing fo	ee will be added to all transactions u	sing a debit or credit card.
Program (Summer S	ny YMCA Swim Team program fee wi Season: May, June, July; Winter Seas understand that I must re-authoriz	ill continue to be drafted each month of the on: October, November, December, January, e the draft for each season that my child
Authorized Signatu	re (must be account holder)	 Date