



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ACHIEVE SOMETHING TOGETHER

## QUICKSILVER SWIM TEAM – SUMMER 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	SEASON TEAM FEE	PRACTICE TIMES		PRACTICE TIMES
Senior/Black	\$70	\$245	Apr 22-Jul 19	Mon thru Fri	4:00 - 5:30 pm
Silver	\$60	\$180	May 6-Jul 19	Mon thru Fri	5:30 - 6:45 pm
QS1	\$47.50	\$142.50	May 7-Jul 19	Tues thru Fri	5:30 - 6:45 pm
Practices on Wednesdays for all groups is 5:30-6:30 pm.					

Quicksilver Swim Team Level:  Senior  Black  Silver  QS1

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 Grand Island YMCA Program, acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause damage to property or personal bodily injury or death to the participant. My signature on this waiver verifies that I will not hold the Grand Island YMCA liable or accountable for any injury to my self or my legal dependents while participating in this YMCA Program. PHOTO PERMISSION: I do hereby grant permission for pictures to be used in publicity or brochures related to the Grand Island YMCA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 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 (option one)**

\_\_\_\_\_

(Bank) (City) (State)

Routing \_\_\_\_\_

Account # \_\_\_\_\_

Name as listed on the account \_\_\_\_\_

(Name)

Checking \_\_\_\_\_ Savings \_\_\_\_\_

**CREDIT CARD DRAFT (option two)**

Name on Account \_\_\_\_\_

Circle One: VISA    MasterCard    American Express    Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

(Name)

**Draft Payment Plan:**

I understand that my YMCA Swim Team program fee will continue to be drafted each month of the Program (Summer Season: May, June, July; Winter Season: October, November, December, January, February, March). I understand that I must re-authorize the draft for each season that my child participates in Swim Team.

\_\_\_\_\_  
Authorized Signature (must be account holder)

\_\_\_\_\_  
Date