 

The Montgomery YMCA



Barracudas

## est. 1978



Welcome to The

Montgomery YMCA Barracudas 2021-2022

Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Organization** | **Position** | **Phone** | **E-mail** |
| Ryan Klages | Montgomery YMCA | Head Coach | 334.604.6134 | Rklages@ymcamontgomery.org |
| Rachel Arnold | Montgomery YMCA | Assistant Coach | 334.587.9069 | MYB@ymcamontgomery.org |
| Sarah Boothe | Montgomery YMCA | Member Services/Finance | 334.219.3685 | MYB@ymcamontgomery.org |
| TBA | Parents Association |  |  |  |
| TBA | Parents Association | Volunteer Coordinator |  |  |

The Barracudas provide 4 different training programs:

**Bronze:** Introduces new swimmers to competitive swimming. They will learn the foundations of all 4 swimming strokes

**Silver:** Swimmers here have moved passed the basic fundamentals and into training for competition. This group emphasizes racing, endurance, and swimming efficiently.

**Gold:** Swimmers take the next leap in competitive swimming. Physical training intensifies as more time is spent in the water. The goal of Gold is to transition strong swimmers into elite competitors.

**Platinum:** The premier training group of the Barracudas. This groups requires a greater commitment to the sport and the team. The ultimate outcome of this group is to compete on a high level into college

**All forms MUST be filled out, the swimmer MUST be a member of the YMCA, and all fees MUST be paid prior to entering pool.**

Forms & Fees to be completed and returned to the East YMCA by August 30, 2021:

1. MYB Registration Form - $150.00 per swimmer
2. USA Registration Form - $76.00 per swimmer
3. Monthly Dues Requirement Form signed by both parents & 1st month’s payment.
4. Travel Fee Requirement Form signed by both parents.
5. Montgomery YMCA Child Participation Form
6. The Barracuda Code of Conduct
7. Barracuda Parent’s Code of Conduct
8. Photo Consent Form
9. Swimmer(s) must be members of the YMCA and membership is handled by the front desk staff.

We are happy to have your swimmer be a part of the Montgomery YMCA Barracuda! The total due (1st month swim fees, registration fee, & USA Swimming fee) to the East YMCA front desk. you have any questions concerning these forms or the swim team, please contact Ryan Klages at the East Family YMCA, 334.272.3390 or email Rklages@ymcamontgomery.org.

## MYB Registration Form (Please Print)

Guardian (1) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MI

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY STATE ZIP

 Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Guardian (2): Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MI

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY STATE ZIP

 Home Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give the names of two relatives or friends who have agreed to assume responsibility for your child in case of illness or accident until you can be reached.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 C Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any physical problems that the coaches should be made aware of such as allergies, hearing, asthma, etc. List any medications your child takes on a routine basis. Please use the reverse side of this form to list any information. All information is confidential.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Swimmer’s Name (Last, First, Middle) | Name Goes By | M/F | DOB | Swim Level | T-Shirt Size | School & Grade |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

T-shirt Sizes: Youth S (4-6), YM (10-12), YL (14-16), AS, AM, AL, AX

## The Montgomery YMCA Barracudas Team Swim Fees

|  |  |  |
| --- | --- | --- |
| Swim Group | Annual Fees First ChildTotal = 11 Months + Program Fee | Annual FeesAdditional Children |
| Pre-Team | $895 payable ($70 month) | 10% discount per child |
| Bronze | $1105 payable ($90 month) |
| Silver | $1346 payable ($111 month) |
| Gold | $1677 payable ($142 month) |
| Platinum | $1930 payable ($165 month) |
| High SchoolSept.4-Dec. 11 | $340 payable (2 payments $170) | No 10% discount per child |

Swim Fees are paid directly to the East YMCA monthly. All swimmers must be members of The YMCA of Greater Montgomery prior to registering with the Montgomery YMCA Barracudas. The fees reflected above are the annual cost of participation in the program except the High School Group (4 Month program ONLY). The High School group has two payments of $170 which is due on 09/01/2021 and 10/05/2021.

 All early cancellations require a **30-day written notice** and all cancellations for summer must be received prior to May 16, 2022 or you will be charged for June and July 2022. All fees are payable by the 1st of each month. All outstanding fees on account will be charged per your draft date associated on your draft form to the credit card listed on the 1st of the month. If your payment returns, your child will not be allowed to swim until entire balance is paid in full.

I understand that I must satisfy the required monthly fees and these fees will be automatically drafted from the account listed on separate form. If my fee is returned, I am subject to a returned fee.

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Travel Fees

|  |  |
| --- | --- |
| Destination | Charge per Meet |
| In State meets | $15 Per Swimmer |
| Out of State | $25 Per Swimmer |
| Southeastern Championships, and Non-YMCA Regional Championship Meets | $75 Per Swimmer |
| YNATS, ESSZ Sectionals or National Meets | $100 Per Swimmer |

Travel Fees are paid directly to the East YMCA as a part of meet entry fees. Only swimmers registered for the meet will be responsible for this fee. Any swimmer declared as an opt-in at the registration deadline will be responsible for this fee regardless of meet attendance. The first child in a family will pay the full travel fee. Each additional swimmer in the family will receive 50% off the remaining travel fee.

The Barracudas Coaching staff is dedicated to our swimmers in providing top notch leadership, stroke instruction and race review at all meets. Our goal is to provide adequate coaching coverage no matter the location. The travel fee is a nominal fee charged ONLY to those swimmers registered to attend an away competition. This fee is used to subsidize the costs associated with providing coaches on deck for travel meets.

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## THE MONTGOMERY YMCA BARRACUDA CODE OF CONDUCT

As a Montgomery YMCA Barracuda team athlete, I, always recognize and agree to the following Code of Conduct while representing the MYB Swim Team.

While taking part in any Montgomery YMCA Barracuda function:

* I will not wear inappropriate attire or present a non-conservative image.
* As ambassadors for the sport of swimming, MYB members are expected to project themselves as a positive role model and with a conservative, well-groomed image during all practice sessions and meets.
* I will maintain a clean and neat appearance with no torn, frayed, faded, soiled or wrinkled garments. No garments or items advertising or endorsing lifestyles not consistent with the YMCA Mission, and purpose.
* I will not use angry or vulgar language including swearing, name calling or shouting.
* I will not have physical contact with another person in any angry, threatening, or inappropriate way.
* I will not use or possess illegal chemicals or alcohol on YMCA property, in YMCA vehicles or at YMCA sponsored programs.
* I will not smoke in or outside the YMCA. The YMCA and its property are smoke free environments.
* I will offer congratulations to my opponents, win or lose, and cheer my teammates.
* Act and conduct myself with dignity and will respect others and the property of others.
* Dress in a manner suitable to my position as a representative of the Barracudas.
* Be humble in victory and courageous in defeat.
* Always teach and practice good sportsmanship.
* 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 my fellow team members.
* I understand that violating any of these may cause me to be sent home at my parent’s expense and subjects me to dismissal from the team. This code of conduct remains in effect as long as I am a member of the Montgomery YMCA Barracuda Swim Team.

Swimmer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have reviewed the Barracuda Code of Conduct with my swimmer.

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## THE MONTGOMERY YMCA BARRACUDA PARENT’S CODE OF CONDUCT

I understand that the purpose of the Barracudas is to teach correct swimming techniques, to cultivate a passion for swimming, and to compete in the sport of swimming. It is also our responsibility to help develop swimmers into responsible members of society who will succeed in whatever career choices they make, because they have learned the value of hard work and cooperation with others.

I understand my child is expected to follow a Code of Conduct to accomplish these goals. I understand, I too, must always conduct myself in an appropriate manner to ensure the success of all swimmers and the Montgomery YMCA Barracudas.

* I will keep my remarks positive and will not make negative remarks to any swimmers (including my own child), officials, coaches or volunteers.
* I understand the program is for the purposes stated in this code.
* I will set as my priority to ensure all swimmers have an enjoyable experience of learning and competing and will not make winning my primary goal.
* I will always conduct myself in an encouraging non- abusive manner.
* I will report any abusive behaviors that I witness.
* I will make myself available to volunteer as needed during meets and fundraising activities and participate in functions sponsored by MYB.
* I will be responsible to keep all payments current and sufficient.
* I will work with the coaches to resolve any conflicts in a professional and mature manner.

I have read and agree to follow the Parent’s Code of Conduct and understand that failure to do so may result in my being asked to leave and may result in my swimmer being terminated from the Montgomery YMCA Barracuda Swim Team.

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The Montgomery YMCA Child Participation Agreement

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for my child or ward being permitted to utilize the facilities, services and programs of The Young Men’s Christian Association of Montgomery, Inc. (“YMCA”), I, on behalf of myself and my child or ward, and his or her heirs, personal representatives, assigns and next of kin, do hereby agree to the following:

I understand that the activities that my child or ward will be engaging in while he or she is in or upon the premises of the YMCA, using any of its facilities, services or equipment, or participating in any YMCA program or activity are inherently risky and potentially hazardous and I, for and on behalf of my child or ward, hereby accept full responsibility for, and risk of, any injury to my child or ward or loss or damage to his or her property that may occur as a result thereof.

I hereby release, waive and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the “Releasees” ) from all claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or ward or loss or damage to his or her property that may occur while my child or ward is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participating in any YMCA program or activity.

I hereby indemnify and hold harmless the Releasees from all loss, liability, damage, or cost they may incur due to my child’s or ward’s presence in or upon the premises of the YMCA or use of its facilities, services, or equipment, or participation in any YMCA program or activity.

In the event of injury, I hereby authorize the Releasees to provide or cause to provide such medical care and treatment to my child or ward as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care and treatment.

I further understand that if my child or ward fails to abide by the rules and regulations of the YMCA, he or she is subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund of dues, fees or other amounts paid to the YMCA. I hereby give my permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my child’s or ward’s image or voice for the purpose of promoting or interpreting YMCA programs and activities

I, as parent or guardian of the above named minor herby give my permission for my child or ward to use the facilities and services of the YMCA and to participate in the programs and activities offered by the YMCA. I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The Montgomery YMCA Barracudas Photography Consent Form

The Montgomery YMCA Barracudas may wish to take photographs (individual and in groups) of swimmers under the age of 18 that may include your child during their membership in the club. All photos will be taken and published in line with club policy. The club requires parental consent to take and use photographs.

Parents have a right to refuse agreement to their child being photographed.

As the parent/caregiver of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I allow the following: Take photographs to use on the club’s secure website:

⎕ Consent given

⎕ Consent refused

Take photographs to include with newspaper articles:

⎕ Consent given

⎕ Consent refused

Take photographs to use on club notice boards:

⎕ Consent given

⎕ Consent refused

Video for training purposes only:

⎕ Consent given

⎕ Consent refused

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The YMCA of Greater Montgomery Credit/Debit Card Authorization Agreement

Swimmer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Draft Account Holder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

MYB Monthly Swim Fee Total $: \_\_\_\_\_\_\_\_\_\_\_\_\_**Drafts the 1St of every month. All returns will have a $30 return fee**

Registration Fee September 1st $50 \_\_\_\_\_\_\_\_ October 1st $50 \_\_\_\_\_\_\_ November 1st $50 \_\_\_\_\_\_

Credit/Debit Card Account

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The Montgomery YMCA Barracuda Monthly Swim Fee Draft Agreement

1. I understand that this draft will remain in effect for the full length of the Montgomery YMCA Barracuda (MYB) 2021-2022 season or until I cancel in writing one (1) month in advance of the monthly swim fee draft.
2. I understand that the MYB program will draft monthly on the 1st of each month.
3. I understand and grant the YMCA of Greater Montgomery permission to draft my card the Friday prior to the start of a swim meet that I register my child for. I understand that I will be drafted the full cost of the swim meet including the following fees; event fees, facility fee, travel fee, and any additional meet fee that is listed inside the meet invite of the host team.
4. This draft agreement is only for the Montgomery YMCA Barracudas (MYB) program and cannot be transferred to or will be given to any other program inside the YMCA of Greater Montgomery. Any additional program must be signed up for and paid for by their registration dates listed by that program.
5. Should my card, for any reason, including card and or expiration date changes, do not honor my YMCA Barracuda Program draft, I realize that I am still responsible for that payment and any late fees or service charges that may apply. This is in addition to any service fee my bank may incur.
6. I hereby authorize the YMCA of Greater Montgomery to charge my credit card listed on this form for the amount(s) indicated above for the monthly payment of my MYB group rate. I understand that my credit card will be charged for any additional fees incurred for the month, including meet fees, volunteer fees, equipment fees, additional program Fees, etc.
7. At the first of every month, within the current season, the card on file will be charged for any additional fee(s) incurred that are outstanding for the month prior on the draft date above.

Card Holder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YMCA Staff Use Only

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Draft Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated Draft Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_