Chambersburg YMCA Charger Swim Team
2026-2027 Registration Form and Agreement

Swimmer's name_____ Middle Initial_____Birthdate_____Gender _____

CONTACT INFORMATION

Father's name_____Cell #_____

Address_____

Mother's name_____Home #_____Cell #_____

Address (if different)_____

Email Address (For Team Unify Login) _____

REGISTRATION and PAYMENT OPTIONS

☐	Novice II	$67.00 / month billed the 25st of each month
☐	Novice I	$87.00 / month billed the 25st of each month
☐	Junior II	$110.00 / month billed the 25st of each month
☐	Junior I	$132.00 / month billed the 25st of each month
☐	Pre Senior	$143.00 / month billed the 25st of each month
☐	Senior II	$154.00 / month billed the 25st of each month
☐	Senior I	$163.00 / month billed the 25st of each month

First child is full price, then next child is 10% discount when registering for the swim program.

Payment plan: Automatic bank/credit card draft: 1st payment due at registration, all other payments will be drafted the 25th of the month, starting September 25th and ending June 25th. Swimmers may opt out of the billing process at any time during the 11-month period if the coach is notified via email by the 15th of the month prior. DRAFT FORM MUST BE COMPLETED AT TIME OF REGISTRATION.

☐ **Registration Fee is $125.00**, which goes to the parent organization to support the team. This will be paid at registration.

Transportation: $20.00 / month billed the 25th of each month ☐ CAMS North ☐ CAMS South

Student must be registered for Transportation prior to riding the Y bus. **Please provide notification to your child's school of their Y bus riding schedule.** The last draft day for the transportation fee will be on April 25th.

EMERGENCY INFORMATION

Emergency contact_____Relationship_____

Phone #_____

Medical conditions and/or allergies _____

In case of a medical emergency, I understand every effort will be made to reach either myself or my emergency contact person who is authorized to act on my behalf. In the event that I cannot be reached, I hereby give permission to the physician selected by the authorized personnel to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery.

Parent signature_____ Date_____

Sign below only if you decline to sign the release above.

I have been offered the opportunity to authorize emergency medical care as set forth above and decline to so authorize said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Parent signature_____Date_____